MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05454 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. death. uneral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE Maryland b. COUNTY Harford o. COUNTY Harford MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURA) and give nearest town) C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cardiff 64 years d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Main Street Main Street 3. NAME OF Middle Wit First 4. DATE remave carban DECEASED OF DEATH April EFFIE M. ARTHUR (Type or print) and in any event, S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years birthdoy) White Female Jan. 25. 1874 WIDOWED DIVORCED attending physician and permit. Then please rem 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life even if retired) **INDUSTRY** Aberdeen . Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or remaval, Luther S. Osborn Sarah R. Wells 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) 218-46-3249Mrs. Helen A. Heaps, Cardiff, Md. crematian, 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO burial, Conditions, if ony, which gove rise to immediate cause (o), DUE TO stoting the underlying couse O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending as the this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Health 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH State Dept. af (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) 21. I certify that (1) (this haspital) attended the deceased fram and that death accurred at 1 PM, from causes and an the date stated above. saw the deceased alive an FUNERAL DIRECTOR: 220. SIGNATURE MED. DIRECTOR STAFF PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Josiah A. Hunt Delta, Penna. 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) Apr. 7, 1969 Slate Ridge Delta 0

ADDRESS

Delta, Penna.

VR A15 (4) 25M 1/67

24. FUNERAL DIRECTOR

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1969

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(County)

22b. DATE SIGNED

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05450 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. Middle 1. DECEASED-NAME First 20. DATE KNOWN Month Year 2b. HOUR (Type or Print) ESTIand 3 to ANN Page to erie DEATH MATED ment 6. AGE (In years IF UNDER 24 HRS 3. SEX 4. RACE S. DATE OF BIRTH 2r DATE PRONOLINCED DEAD 2d. HOUR PM3 Dec. 1, 1949. Year Depart 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEAT form Give Poges 1, country) Maryland USA DIVORCED [WIDOWED Harford after deoth 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address during most of working life, even if retired)
Housewife INDUSTRY 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE TITY LIMITS? 13e. STREET AND NUMBER odmission) STATEM d. 13K. COUNTY Baltimore 8 700 Lock within 24 hours a pencil in Item 18. YES NO X land 2 Office after 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME Fire Last Charles Becker Dorothy M. Banks hours 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** (Yes, na, ar unknown) (If yes give war or dates of service) Mr. Roger G. Baker (Same) No File 9 APPROXIMATE INTERVAL within be executed 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. I BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IAID du eto Drownor IMMEDIATE CAUSE (a)_ event DUE TO, OR AS A CONSEQUENCE OF buriol-transit Canditians, if any, which gave rise to immediate couse (a), should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Į. certificote PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 removal nsed 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, NO 7 pe 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 1B.) 21b. TIME OF INJURY Manth, Day, Year 3 should PRIMARY OR CONTRIBUTING cremotion, CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. County Stote factory, affice building, etc.) FUNERAL DIRECTOR: Poge buriol, PZ 220. I certify that I took charge of the remains described above, held an Inspection | Inquiry ond in my apinian be retoined Accident 🔀 Suicide death resulted from: Noturol couses Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funerol DEPUTY MEDICAL EXAMINER ro FUNE Heolth **EXAMINER'S** Gerald C. Palmer, M.D. ADDRESS(Street, city, tawn, ar caunty) NAME (Type) 23b DATE 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Dulaney Valley Mem. Cemetery Baltimore. Md. Burial 24. FUNERAL DIRECTOR ADDRESS 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR Leonard J. Ruck, Inc. Balto. Md. 21214 VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05458 05451 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle First 20. DATE KNOWN Month Dov Yeor (Type or Print) Rose Baldwin ESTI-Page April 0 10 DEATH MATED delay and 3 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD pup M3. Female White 10-23-1894 Apri Poy 10 Yeor 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH form Give Pages 1, Maryland Harford County U.S.A. WIDOWED DIVORCED [the Stdte 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital house ofter death Office along with 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, eyen if retired.) give street] 3)17 Old Post Road INDUSTRY Havre de Grace Housewife Home death. 13d. INSIDE CITY LIMITS? 13a. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER odmission) STATMarvland 13b. COUNTY Harford em 18. 13hl Old Post Road Havre de Graces Ki No and 2 ofter 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME Lost Thomas Sampson (D) Unknown . = should be forwarded to the Chief Medical Examiner's bages hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS be executed within (Yes, no or unknown) (If yes give war or dates of service) Maryland Howard Baldwin, Havre de Grace. APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. terioscler-utic CV DISEAS PART I. DEATH WAS CAUSED BY: pending IMMEDIATE CAUSE OF event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if only, which gove rise to immediate couse (o). the certificate, writing the ward certificate should DUF TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊑ puo PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 g remaval, nsed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🗍 NO X pe D 21o. EXTERNAL CAUSE WAS 21b, TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M cremation, EXAMINER: CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Slote foctory, office building, etc.) WHILE NOT WHILE T director. Page burial, 220. I certify that I took charge of the remains described above, held on Autopsy ... Inspection XX Inquiry XX ond in my opinion Accident . Suicide Undetermined monner deoth resulted from: Noturol couses Homicide CHIEF MEDICAL EXAMINER 5 may be reta
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Health prior t 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral 10 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Dr Gerald C. Palmer ADDRESS(Street, city, town, or county) Bel Air. Maryland M?D. NAME (Type) 23o. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) April 69 Smith Chapel Cemetery Churchville. (Harford) Md. Funeral Home, Aberdeen, Maryland 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ycharles VR A15ME (5) 1969 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05454 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Month 2b. HOUR (Type or Print) 2, and 3 ta PM3. Page EDWARD BLANTON 0 DEATH MATED April 3 169 ment 6. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. 4 RACE 2c. DATE PRONOUNCED DEAD 3. SEX S. DATE OF BIRTH lost birthday) 38 yr Male White 1969 Departr 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH with farm (ountry) WIDOWED F DIVORCED Harford Give Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY Forest Hill Pleasantville Road 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maryland 13b. COUNTY Harford Forest Hill YES NO Ple asantville Road 24 haurs in Item 18 after 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME First lan 9 hours the certificate, writing the ward "pending" in pencil in 4 should be farwarded to the Chief Medical Examiner's pages THE WAS DECEASED EVER IN 16b SOCIAL SECURITY NO. 17. INFORMANT ADDRESS be executed within (Yes, na/ar unknawn) Ames File APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. GETWEEN DISET AND DEATH PART I. DEATH WAS CAUSED BY: Asphyxia IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditians, if any, which gave Carbon monoxide rise to immediate couse (a). certificate shauld DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Conflagration = pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) 0 CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES X 10 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 shauld PRIMARY X OR CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH Batte 19 69 Found in burning house 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote factory, affice building, etc.) WHILE AT WORK AT WORK Pleasantville Rd. Forest Hill, Harford. House burial, 22a. I certify that I took charge of the remains described above, held an Autopsy XI. Inspection . Inquiry . and in my apinian the funeral director. death resulted fram: Suicide Natural causes Accident X Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 4-6-69 DEPUTY MEDICAL EXAMINER 5 may TO FUNE Health Charles S. Springate, M.D. ADDRESS(Street, city, town, or county) 23a. BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 24: FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) 10M REV. 1/68

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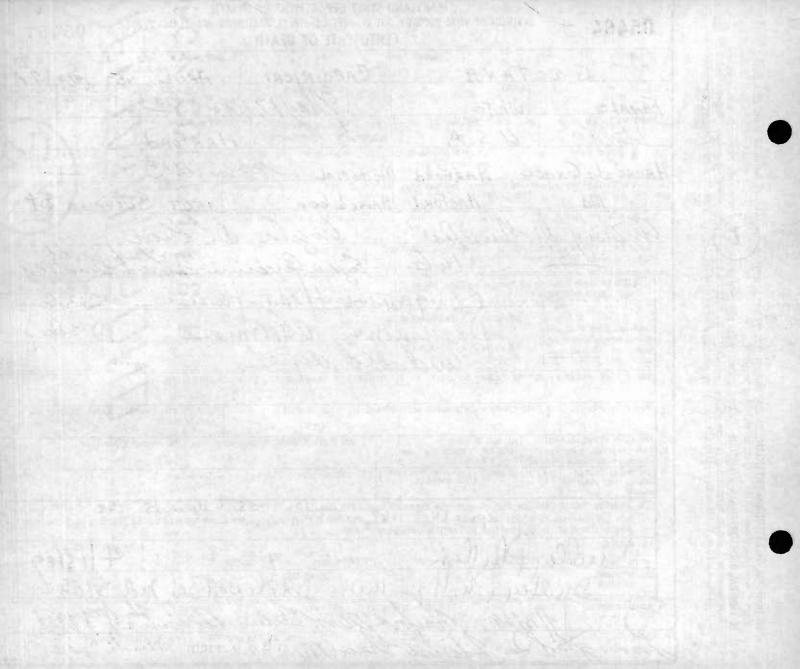
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		05462 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH
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be executed ond composite remove in any eve	14.	FATHER'S NAME First Middle Dast 1 15. MOTHER'S MAIDEN NAME First, Middle Last
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equires that the death certificate by physicion. signed by the ottending physician elementary burial-transit permit. Then pleose burial, cremation, or removal, ond i	160	WAS DECEASED EVER'IN U.S. ARMED FORCES? Yes, na, or unknawn) (If yes give wor or doiles of service) 16b. SOCIAL SECURITY NO. 218-07-2096 mrs. Herrietta E. Boddy. Port Leynant md.
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os b pric	CERTIFICATION	196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
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HYSI hosp cert chec ppt. c	MED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. IOCATION Street or R.F.D. No. (ity or Town) County State
the this deta		at work at work
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TEN DR: /	Н	saw the deceased alive an
ECT Showith		22b SIQNATURE ATTENDING MED. STAFF 22c. DATE SIGNED
De be		DEGREE PHYS. DIRECTOR PHYS. X PHYS. X PHYS. X
moy moy r, po be f		22d. PHYSICAN'S NAME (Type) 22e. ADDRESS
TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
5 5 章 4		Querel 4-23-69 Mt. Joan a. M. E. Conowings Cecil Md.
VR A15 (4)	24.	FLUTERAL DIRECTOR 250. RECTO BY REGISTRAR 250. RECTSTRAR'S SIGNATURE
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3. SEX		4. RACE		5.	. DATE OF E	BIRTH		6. 1	AGE (In ye	eors	IF UNCER 1 YEAR	IF UNDER 24 HRS.
MALE		CAUC	ASIAN		12 A	APRIL 19	922	la	ist birthda 46	YRS.	MONTHS OAYS	HOURS MIN
7o. BIRTHPLACE (Stote country)		7b. CITIZEN OF W	HAT COUNTRY?	8. MARRIED X	NEVER MA	ARRIED	9. COUNT	Y OF DEA	TH	0.5		
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10. CITY OR TOWN OF ABERDE	EEN	give US	AME OF HOSPITAL OR INS street oddress) KIRK ARMY	TITUTION (If not HOSPIT	in hospitol		at occupa				12b. KIND O INDUSTRY	F BUSINESS OR . 'Army
admission) CTATE		d lived, if institut	tion: Residence before	13c. CITY OR TO		13d. INSIDE CITY L		e. STREET	AND NUM	ABER		V
, ,	ID.	13b. COUNTY	HARFORD	EDGEW	OOD	YES NO		621	LAC	EWOO	D DRIV	E
14. FATHER'S NAME U2	first aknown	Middle	Lost	15. A	MOTHER'S N	MAIDEN NAME F Un	irst know		M	iddle		Lost
160. WAS DECEASED EN	ER IN U.S. ARME	D FORCES?	16b. SOCIAL SECURITY N		ORMANT					ldress		
Yes, no or unknown) (ii yes give wa	or dures or service)	250-10-84	23	Kathy	E. Br	own,	Ed	gewo	od,	Maryl	and
18. CAUSE OF D	EATH (Enter only	one couse per li	ne for (o), (b), ond (c).)	1 2/12							APPRO: BETWEEN	XIMATE INTERVAL ONSET AND DEATH
PAKI I. DEA	TH WAS CAUSED IMMEDIAT	E CAUSE (o) R	ESPIRATORY	FAILUR	E; GA	STROIN	TESTI	NAL	BLEE	DING	23	Hours
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	GNIFICANT COND	ITIONS CONTRIBU	ITING TO DEATH BUT NO	OT RELATED TO T	THE TERMINA	AL DISEASE ORC	ONDITION	GIVEN IN	PART 1(o)		317.2	
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DE LE					YES	NO X	CA	AUSES OF I	DEATH?			
210. ACCIDENT W or contributing (If either, notify)	CAUSE OF DEATH	HOUR A.M.	FINJURY Month Doy Yeor 19		INJURY OC	CCURRED (Enter	r nature of	injury in	Port 1 or	Port 2, 1	tem 18.)	
While Not w	JRRED 21e. F	LACE OF INJURY	AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.			eet or R.F.D. No.		City or To		e 1	County	Stote
22a. I certify saw the	that (M) (this deceased ali	haspital) atto ve an 1935 (I) (ww) (did)	ended the decease Hr, 4/6 p	d from 203 969, and to	0 hr, that in (n ath.	, 4/5, 19_1 ny) (301) api	69_, ta nian dec	1935 1th accu	-4/6 rred an	, 19_ the da	69, tha te and havi	it (I) (We) las r and fram th
22b. SIGNATURE	Musa.	005	Rosamo	M DEGREE	ATTENDI PHYS.	ING N	NED. IRECTOR	ST/	AFF X		ATE SIGNED /6/69	
22d. PHYSICIAN'S NAME (Type)	MICHAE	L FRESH	MAN, CPT,	MC	22e. ADI			Hosp	, Ab	erde	en PG,	Md.
230. BURIAL, CREMATIC REPOPULISACE TY	on, 23b. Di	oril 69	23c. NAME OF C	emetery or cr Cemeter	REMATORY		Abe	cation (ci	ity or Tow	ovin	(County) g Grou	nd, Md
24. FUNERAL DIRECTOR	1	/ Tar	ring Funer berdeen, M	al Home		250. REC'D B	y REGISTRA	AR GQ	25b REG	ISTRAR'S	SIGNATURE	4

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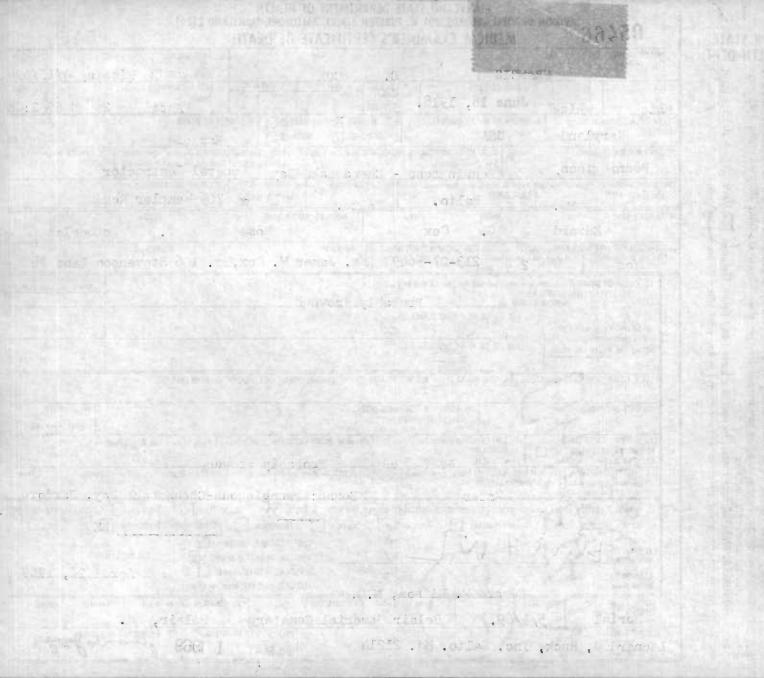
MARYLAND STATE DEPARTMENT OF HEALTH 05464 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05457 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 2g. DATE OF DEATH death. 2b. HOUR executed within 24 haurs after death hician and lompletely filled in by the funeral phase comave carban papers. Pages I and I and in any event, within 12 hours after death (Type or print) Month CARCIRICAL a.c. 3. SEX 4. RACE 6. AGE (In years IF UNDER 1 YEAR last biphday) MONTHS DAYS HOURS temale 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country DIVORCED [WIDOWED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of wark done 12b. KIND OF BUSINESS OR of working life, even if retired.) give street address) INDUSTRY ARFORO 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? admission) STATE 13b. COUNTY TARFORD NO 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Last requires that the death certificate 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECHRITY NO 17. INFORMANT Yes, na, ar unknown (If yes give war or dates of service) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line ton (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove) burial-transit 011 m rise ta immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause physician signed t PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) attending p as the O FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? of Health p YES [NO 🔲 Page 4 may be retained by the haspital ar 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. with the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Nat while at work 22a. I certify that (I) (this haspitol) ottended the deceased from way 10, 1958, to april 15, 1969, that (I) (we) last saw the deceased alive an april 1969, and that in (my) (aur) aprinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did nat) view the bady after death. 22b) SIGNATURE ATTENDING STAFF directar, page 3 shauld be filed v DEGREE DIRECTOR PHYS PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) BURIAL CREMATION NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (Gity or Town) (State) REMOVAL (Specify) 24. FUNERAL DIRECTOR **ADDRESS** 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Mismelan 1969



	1				ARTMENT OF I				
	Т	05465	DIVISION OF VITAL RECORDS,			IMORE, MARY	'LAND 21201		
		05465			OF DEATH			05450	
his certificate has been signed by the attending physician and campletely filled in by the funeral his certificate has been signed by the attending physician and campletely filled in by the funeral stocked for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 Dept. of Health prior to burial, cremation, or removal, and in the event, within 22 hours after death.	I.	DECEASED-NAME First (Type or print)	Middle		.ast	2a. DATE OF D	44 .1	V 10.0	2b. HOUR
de		CARL		COUNT			Month Day	17 Yeor 69	0415aM
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		Virginia CITY OR TOWN OF DEATH	United States	WIDOWED	DIVORCED	Harfor	d		Md
1	10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INST	TITUTION (If not in h	ospital 12a, USU/	AL OCCUPATION (K	ind af wark dane	12b. KIND OF B	USINESSOR
0	1	PG, Md.	give street address) US Kirk Army	Hospita:	1. during m	US Army	e, even if retired.) Med. Tech.	INDUSTRY	
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1/	14	FATHER'S NAME First	Middle Lost	IS. MOT	HER'S MAIDEN NAME F	irst	Middle		Last
-	L	Pete r	Countiss			Cora		Swi	ndal
	16	a. WAS DECEASED EVER IN U.S. ARME	or dates of service)		MANT		Address		Md.
		Yes, na, ar unknawn) (If yes give wa		42 Ali	ce G. (Wif	e) 9 Ed	gewood Ro	oad, Edge	ewood
			ane cause per line far (a), (b), and (c).)			4 1, 110		APPROXIMA	ATE INTERVAL SET AND DEATH
		PART I. DEATH WAS CAUSED IMMEDIAT	E CAUSE (a) Cardiac Arr	est					
		2500	DUE TO, OR AS A CONSEQUENCE OF						
	1	Canditions, if any, which gave rise to immediate cause (a),	(b) Multiple Tr	aumatic :	Injuries			14 H	ours
		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF						
		last.	(d) Diabetic Ke	to Acido:	sis			14 H	ours
	Н	PART 2. OTHER SIGNIFICANT COND	OITIONS CONTRIBUTING TO DEATH BUT NOT	T RELATED TO THE	TERMINAL DISEASE ORC	ONDITION GIVEN I	N PART 1(a)		
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	>		LACE OF INJURY (AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.	ORY.) 21f. LOCATION	N Street ar R.F.D. Na.			County	State
		While at wark S	treet			Edge	wood I	Harford	Md.
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	н	couses stated above.	(I) (week (did) (distant) view the bu	ody after death	r in (my) (aur) opii	nion deoth occ	urred on the do	te and hour or	nd from the
		22b. SIGNATURE	(1) (110) (010) (010)	out and addin				DATE SIGNED	•
		Maries	1 / H5/2		ATTENDING M	ED. RECTOR D S	TAFF PHYS.	DIVIL STORED	
,		22d. PHYSTCIAN'S			22e. ADDRESS	KECIOK	1113.		
1		NAME (Type) Daniel	Polsky, CPT, MC	1	US Kirk Ar	my Hospi	tal, APG,	Md. 210	05
	230	BURIAL CREMATION 23b DA		EMETERY OR CREMA	ATORY	23d. LOCATION	(City ar Town)	(County)	(State)
0		REMOVAL (Specify) Burial Apr						' '	, ,
X	24	FUNERAL DIRECTOR	ADDRESS		2Sa. REC'D B	Y REGISTRAR	2Sb. REGISTRAR'S	SIGNATURE	l-Md
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05459 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle First 20. DATE KNOWN Month Dav Yeor 2b. HOUR (Type or Print) ESTI-2, and 3 to PM3. Page FRANCIS Missing 4/15/69M DEATH MATED X the State Deportment of COX 3. SEX 4. RACE S. DATE OF BIRTH A AGE (In years IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d. HOUR June 18, 1918 26 Yeor 19 69 2:01 Male White 50 YRS. MARRIED NEVER MARRIED 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH Office along with form country) Maryland USA DIVORCED WIDOWED [Harford Give Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspitol 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life even if retired. INDUSTRY give street address) Penningtons Penningtons - Chesapeake Bay 13a, USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER death. admission) STATE 13b. COUNTY 705 Wampler Road Balto. YES NO X Item 18 Tond 2 24 haurs after Middle 14. FATHER'S NAME last IS. MOTHER'S MAIDEN NAME First G. Ddward Cox Rose Gutberlet .⊑ pages the Chief Medical Examiner 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS pencil be executed within (Yes, no or unknown) (If yes give war or dates of service) 273-07-56/19 Mr. James W. Cox, Sr. 1106 Stevenson Lane #L File 72 within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Probably drowned IMMEDIATE CAUSE (o) event DUE TO OR AS A CONSEQUENCE OF burial-transit Canditions, if ony, which gave rise to immediate couse (o). any This certificate should the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .5 ecute the certificate, writing the Page 4 shauld be farwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 remaval, CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES XX NO pe 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor or 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) 3 shauld MEDICAL PRIMARY K OR CONTRIBUTING HOUR A.M. burial, crematian, 12 2 19 69 CAUSE OF DEATH Probably drowned 21f, LOCATION Street or R.F.D. No. City 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, County State FUNERAL DIRECTOR: Page foctory, affice building, etc.) WHILE NOT WHILE AT WORK please execute Found · Pennsintons-Chesaneake Bay, Harford Water 22a. I certify that I taak charge of the remains described above, held an Autapsy XX for Inspection , Inquiry , Frequing vm ni bno funeral director. Suicide T. Hamicide Undetermined manner Accident . death resulted fram: Natural causes CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER XX SIGNATURE DEPUTY MEDICAL EXAMINER April 26, 1969 **EXAMINER'S** 5 may O FUNE Health ADDRESS(Street, city, town, or county) NAME (Type) Edward F. Wilson, M.D.
E 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)
Burial Belair Memorial Cemetery Belair. Md. 25b. REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR Leonard J. Ruck, Inc. Balto. Md. 21214 VR A15ME (\$) 10M REV. 1/68/



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05467 CERTIFICATE OF DEATH 05460 DECEASED-NAME First Middle 2o. DATE OF DEATH and 2 deoth. Lost 2b. HOUR 24 hours after deoth (Type or print) AMES RRIER 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost birthdoy) MONTHS DAYS HOURS 301886 PRIL 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED T DIVORCED [completely filled nove carbon pope burial, cremotion, or removal, and in ony event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within give street oddress) during most of working life even if retired) INDUSTRY ETIRED POSTMASIER 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY YES 3 14. FATHER'S NAME **First** Middle 15. MOTHER'S MAIDEN NAME First physicion and Lost Middle Lost RRIER 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, no. or unknown) (If yes give war ar dates of service) offending phys 18. CAUSE OF DEATH (Enter only one cause per lige-for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF the Conditions, if ony, which gove) burial-tronsit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF signed by stoting the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) for use os the t Heolth prior to b O FUNERAL DIRECTOR: After this certificate has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES NO 🗍 Poge 4 moy be retoined by the hospitol or 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor Stote Dept. of (If either, notify medical examiner) P.M. detached 19 (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while at work ot work 220. I certify that (1) (this hospital) attended the deceased from_ and that in (my) (aur) opinion deoth accurred an the date and hour and from the saw the deceased alive on. , page 3 should be filed with the couses stoted obove, (1) (we) (did (aid not) view the lody after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) director, should b MAME OF CEMETERY OR CREMATORY 23b. DATE 23o. BURIAL, CREMATION 23d. LOCATION (City or Town) (County) (Stote) BEMOVAL (Specify) GRACE MAPER 1 0 196 FUNERAL DIRECTOR

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	05100	DIVISION OF VITAL RECORDS, 301	W. PRESTON STREET, BALTIMO	RE, MARYLAND 21201
	05469	CER	TIFICATE OF DEATH	0546%
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	Je mar	Le A. RACE White	S. DATE OF BIRTH SEPT. 28, 1898	6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) MONTHS DAYS HOURS MIN. YRS.
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tertificate g physician hen pleas maval, and	7	yes give wor or dates af service) 2/3-48-083	G. ARNOLD PFAFF	ENBACH, HAVREDEGRACE MD
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PHYS he has this ce detache e Dept.	21d. INJURY OCCURRED While Nat while at wark	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.)	21f. LOCATION Street ar R.F.D. No.	City ar Tawn Caunty State
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VR A15 40	24. FUNERAL DIRECTOR	Mitchell HAVRE DE	PRHEEMO DAMPR 2	STRAR 25b. REGISTRAR'S SIGNATURE

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2.	MAKTLAND STATE DEPARTMENT OF HEALTH	
FOR CTATE	05470 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	5463
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0100
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hin 24 ncil in niner's poges hobrs	16b. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Wash.	D.C.
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	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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D DEPUTY The funeral S may be r FUNERAL Health prii	EXAMINER'S NAME (Type) Gerald C. Palmer, M.D. ADDRESS(Street, city, town, or county)	1 0 1
ro DEPUTY necessary, the funero 5 moy be O FUNERA Heolth pr		(6)
1 1 2 1	230. BURIAL CREMATION, PEMOYAL (Spails) 23b. Date 23c. NAME OF CEMETERY OR CREMATORY Highland Park, Man	ryland
	24: FUNERAL DIRECTOR ADDRESS 1820 O+2 S+ 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN	
VR A15ME (51)		Q
10M REV. 1/68	Washington, D.C. DATE APR 18 1969 January	Shall and
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ICIA pitol dificion of H	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	iner) P.M.	r 19		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please reprove carbon papers. Pages, I and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, ond-in any event, within 72 tours after death	ME	21d. INJURY OCCURRED 21e. While Not while at wark	PLACE OF INJURY (AT HOME, FARM, STREET, F. OFFICE BUILDING, ETC.	ACTORY.) 21f. LOCATION Street or R.F.D. No.		County State
ING by t fter fter state		22a. I certify that (I) (th	nis hospital) attended the decear	sed from <u>4-23</u> , 19 <u>69</u> , 19 <u>69</u> , and that in (my) (our) opinion	to 4-25 , 196	9, that (I) (we) last
TEND ined I ould I		sow the deceased of causes stated above	alive on 4 - 25 e, (I) (we) (did) (did nat) view the	19 69 , and that in (my) (our) opinion bady ofter death.	death occurred on the date	ond hour and from the
AT AT SHOOT SHOT SH		22b. SIGNATURE	Marana:		22c. DA	TE SIGNED
OR DIRE			xe vivesing	DEGREE PHYS. MED.	R PHYS. 26	April 1969
TAL AL Page Page Fill Refill R		22d. PHYSICIAN'S NAME (Type) T T	26	22e. ADDRESS	Cmaca Mame	land
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HO dge	23 a.			CEMETERY OR CREMATORY 23d.	LOCATION (City or Town)	(Caunty) (State)
5 5 5 S	04	2 44 44 4	8 April 69 Grove	Presbyterian Cemeter		Maryland
VR ATS VA	24.	FUNERAL DIRECTOR	ADDRES:	1 1		
45M - 1/69		Tarring Funer	al Home, Aberdeen,	Md. 21001 0APR 29	1969 Jane	1 June 1

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			DIVISION OF VITAL RECORDS,	301 W. PRES	TON STREET, BALT	IMORE, MARYLAND	21201		
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completely filled in by by event, within 72 hour	10.	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN	STITUTION (If not in		AL OCCUPATION (Kind of ost of working life, even		12b. KIND OF 8US	SINESS OR
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MARYLAND STATE DEPARTMENT OF HEALTH

	.1	MARYLAND STATE DEPARTMENT OF HEALTH
	1	05473 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
theres.		CERTIFICATE OF DEATH 05466
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the D		at work at Mark
by ffer be Stat		22a. I certify that (I) (this haspital) attended the deceased from 4-12, 1961, to 4-30, 1969, that (I) (we) last
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F band t		causes stated abave, (I) (we) (did) (did nat) view the bady after death.
OR JOR JOR JOR JOR JOR JOR JOR JOR JOR J		1 (C. VAIR NIGNEI)
DII o		DEGREE PHYS. DIRECTOR PHYS. L. 12-30-69
May Park		224 PHYSICIAN'S HENRY H. KWAK, M.D. 22e. ADDRESS NAME (Type) HENRY H. KWAK, M.D. 22e. ADDRESS
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires Page 4 may be retained by the haspital or attending physici TO FUNERAL DIRECTOR: After this certificate has been signed director, page 3 shauld be detached far use as the burial-shauld be filed with the State Dept. af Health priar ta burial.		BOO STUNION TIVE, HAVRE DE GRACE
HC Jge Jge FU	23a.	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
5 5 5 ps	1	BURIAL MAY 3, 1969 ST. FRANCIS CH, CEM. ABINADON HARFORD MO.
VR ARM	24.	FUNERAL DIRECTOR, 250, REC'D BY REGISTRAR 250, REGETRAR'S SIGNATURE
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	1	MAKTLAND STATE DEPA		
539/1m //198		15474 DIVISION OF VITAL RECORDS, 301 W. PRESTON	N STREET, BALTIMORE, MARYLAND 21201	05100
NOTE HELD		CERTIFICATE	OF DEATH	05467
÷ _ 2 ÷		EASED-NAME First Middle Last	t 2a. DATE OF DEATH	2b. HOUR
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death, be retained by the hospital ar attending physician. SIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral e.3 shauld be detached far use as the burial-transit permit. Then please remove carban papers Page 1 and 2 ed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haussetter death.	(pe or print) Refer Mind	inas. And Bay	Year A
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MA	141	URe de Drace HARFORD Memorial He	during most of working life, even if retired.)	HNDUSTRY
tu.	13a.	SUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
6/ 6	aam	ion) STATE Md. 13b. COUNTY HARFORD Abordoe	YES NO S FORWALL	Street
10	14.		R'S MAIDEN NAME First Middle	O. Last
1		Harry L. Simponda	Marine	9:tt
- / -	160.	VAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMAN	NT Address	mingo
5	Y	na, or unknown) (If yes giv/Arar or dates of service)		en hed
			ene pringitare, ceresis	APPROXIMATE INTERVAL
2		8. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:		BETWEEN ONSET AND DEATH
5	3.	MMEDIATE CAUSE (a) _ Trematurity		
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B	50	onditions, if any, which gave) ise to immediate couse (a), (b)		
		tating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	1 2 2 722	
	E	1st. (1) Tremature Separat	row of the Slacenter	
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	z			
	CERTIFICATION	9a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da.	AUTOPSY? 2Db. IF YES, WERE FINDINGS CONSI	IDERED IN CERTIFYING
V	Ę	YE	ES NO CAUSES OF DEATH?	
1		To. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJUR	RY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	1 IB)
	SAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year	2, 101	10.1
	MED	f either, notify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f IOCATION	Street or RED No. Cit T	C14-
		While Nat while OFFICE BUILDING, ETC.	Street ar R.F.D. No. City ar Tawn Co	aunty State
111		work at wark	/ 2 10 / ()	20 11 1 10 1 1 1
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1		2b. SIGNATURE	22c. DATE	F SIGNED
/			TENDING MED. STAFF	1 3 1-10
-			ADDRESS	11 3,1969
		NAME (Type)	10011 01 11 10	care Maryland
	220			
	230.	JURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATO	ORY 23d. LOCATION (City or Town)	Caunty) (State)
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1 1	MIAKTLAND STATE DEPARTMENT OF HEALTH	LADVIAND GLOOT
	05476 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, M	05469
-24 T	1. DECEASED-NAME First wellington Middle Last 2a. DATE	OF DEATH 2b. HOUR
6.9	(Type or print) Crawford Reid Graham	Month Day Year 7:10 M
3.	3. SEX 4. RACE S. DATE OF BIRTH	6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Female Gaucasian April 27, 1882	last birthday) MONTHS OAYS HOURS MIN
7	70. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY	
L	Nor. Carolina USA WIDOWED DIVORCED	Harford Md.
10	10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120, USUAL OCCUPATION)	ON (Kind of work done 126 KIND OF PHICINESS OF
	Havre de Grace Gritizens Home House	ing life, even if retired.) NDUSTRY Homemaker
13		STREET AND NUMBER
L	Maryland Harford Bel Air	McCormack Lane
1	14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First	Middle Last
L	William C. Reid Cornel	ia Thwaite
ľ	166. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT (Nephew 8:38-9203)	Archer Blago-Courtland St. BEI Air, Manhard 21014
F	NO 221-07-5008D Mr. J. (-lasgow Hicher, Jr.	BEI Air, MANIAND 21014
ı	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (a)	APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH
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	DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove)	
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E	DANY O CHIEF CONFICANT CON	
ı	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GI	VEN IN PART 1(a)
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FICA	YES NO NO	IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING SES OF DEATH?
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	G OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year	quiy in roll 1 of roll 2, lieth 18.}
AAF	21d. INJURY OCCURRED 21e PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY 1 21f LOCATION Street of P.F.D. No.	ity ar Tawn Caunty State
	While Nat while at work at work	ay at tawn county store
1	22a. certify that (1) (this haspital) attended the deceased from 19 ta	, 19, that (I) (we) lost
	saw the deceased alive an19, and that in (my) (our) opinion death causes stated above, (1) (we) (did) (did nat) view the body ofter death.	n occurred on the dote and hour ond from the
L		
Т	22b. SIGNATURE ATTENDING DEGREE PHYS DISPETION DISP	STAFF 22c. DATE SIGNED
	Tills. Director	PHYS. April 28, 1969
	22d. PHYSICIAN'S NAME (Type) Dr. LAJOS MEZE! 22e. ADDRESS	
23		TION (City or Town) (County) (State)
	PEMOVAL (Specify) April 29 1969 Loudon Park Completion	Letter - One land
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		GO 256 PESCIPARS SGNATURE
	24. FUNERAL DIRECTOR JOSEPH William Foster Bell Hir, Thingland 21014 DATE 250. RECED BY REGISTRAR DATE	100 4

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FOR STATE	4/	T2/03 KR			AL EXAM									0547	7.0	
HEALTH DEPT.		CEASED-NAME rpe ar Print)	First HOW	ARD	MELC(GR	ast EENF	3		OF	KNOWN ESTI-	Month Unkn	,	M	
y delay and 3 PMS ont		Male	RACE White	S. DATE OF BIR	7, 1902	6. AGE (In year last birthday)	RS. IF UNDER 1	YEAR	HOURS	24 HRS MIN.		RONOUNCED April		Year 16	2d. HOURS	
orm F	7a. Bl	RTHPLACE (State of N.Y.	or foreign 7	b. CITIZEN OF WH	AT COUNTRY?		MARRIED NEW		RIED 🗌		rfor				Md	
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TO DEPUTY DICAL EXAMINER: necessory, please execute the certite funeral director. Page 4 should 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should health prior to burial, cremotion,	Ent		Uera ON, 23b. Ap	Natural cause M C Ld C. Pa	20/0	icident I.D.	, Suicide (CHIEF ASSIS DEPU' ADDR	Hamicid MEDICAL STANT MEDICA TY MEDICA	EXAMINED CAL EXAM L EXAMIN C, city, taw 23d.	Undet R AINER JER Vn, or coun LOCATION Balt	(City ar Tawr	Apri Air,	SIGNED 1 8, 1 Md. (Caunly)	(State)	
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	MARYLAND STATE DEPARTMENT OF HEALTH
	05479 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
1	CERTIFICATE OF DEATH 05479
	1. DECEASED-NAME (Type ar print) Sadie Middle Lost 20. DATE OF DEATH Month of Day 7 Year 69 P
	S. DATE OF BIRTH May 2, 1907 6. AGE (In years F UNDER) YEAR IF UNDER 24 HRS May 2, 1907 AND DAYS HOURS MIN
	7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 19. COUNTY OF DEATH (Country) WIDOWED DIVORCED 9.
,	10. CITY OR TOWN OF DRATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done give/street address) 12b. KIND OF BUSINESS OR INDUSTRY 12c. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 12b. KIND OF BUSINESS OR INDUSTRY 12c. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)
2	136. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 136 LITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY - 13r for deep 15c No 7 / aft St.
	14. FATHER'S NAME First Middle Holsey 15. MOTHER'S MAIDEN NAME First Middle Lambert
	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, Moor unknown) (If yes give wor or dates of service) 236-32-0638 ZAKXXHAXXII Carl Harman, Aberdeen, Md.
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if any, which gave rise to immediate cause (a), (b) Carbette Mullitus
	stating the underlying cause lost. Due to, or as a consequence of conference of the class classes.
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)
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	GI OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. 19
	While Not while at work at work
	220. I certify that (I) (this haspital) attended the deceased from
	22b. SIGNATURE ATTENDING MED. STAFF 12c. DATE SIGNED / G9
	22d. PMYSICIAN'S NAME (Type) Irvin L. Wachsman, M.D. 22e. ADDRESS Havre de Grace, Maryland
	23c. NAME OF CEMETERY OR CREMATORY BURIAL (Specify) BURIAL (Specify) 10 April, 69 St Paul Lutheran Cemetery Aberdeen, (Harford) Md.
	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE
	Tarring Funeral Home Aberdeen Md 27007 APR 1 1 1969 Thomas Cudate

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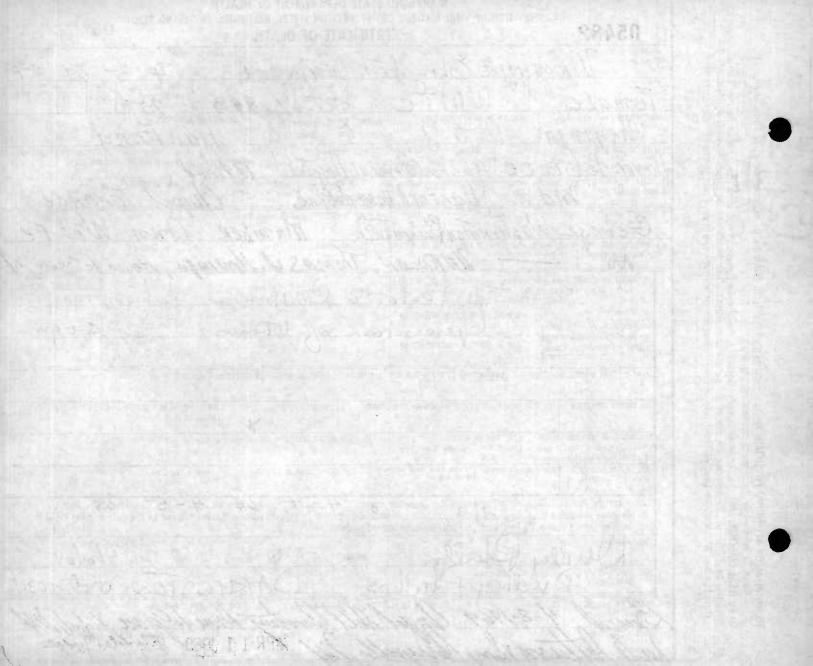
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within 24 pencil in xaminer ile pages 72 hours		o, or unknown)	IN U.S. ARMED FO	RCES? or or dates of service)	16b. SOCIAL SECT		17. INFORMA		S. (Goel	ler.	ADDRES:	Pulas	ingdon, ski High	Md.
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05474 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. First 1. DECEASED-NAME 20. DATE KNOWN 2b. HOUR. (Type or Print) OF ESTI-DEATH MATED APPIL HNOREW 1:10 M IF UNDER 1 YEAR 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. 2c DATE PRONOLINGED DEAD 3. SEX 2d. HOUR last birthday) Day C WHITE JAN 1, 1899 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 70. BIRTHPLACE (State or foreign) MARRIED NEVER MARRIED DIVORCED [WIDOWED [ARFOR I 10. CLEY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) 5 US QUEHANNA during most of working life, even if retired.) pages lond 2 with the ARLINGTON in pencil in Item 18. Give Examiner's Office olong death. 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STRFFT AND NUMBER 13b. COUNTY YORK admission) STATE YORK WAYNE YES NO ofter 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME hours (Yes, no. or unknown) within APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CUSED BY: BETWEEN ONSET AND DEATH ROWNING NSTANT IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF burial-tronsit - BOAT TURNED OVER Conditions, if any, which gove rise to immediate cause (o). writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate. YES T 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 1B.) 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Doy, Year 3 should PRIMARY OR CONTRIBUTING BOAT STUCK CABLE LURNED OVER CAUSE OF DEATH 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, City or Town County State factory, office building, etc.) AT WORK AT WORK SUSQUE HANNA OFF SHORES LANDING Rd, PARLING TON, 22a. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my apinian death resulted fram: Natural causes . Accident . Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED MAY 5, 1969 ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE 307 HICKORY AVE DEPUTY MEDICAL EXAMINER 5 may to FUNER PHILIP W. HEUMAN, M. U ADDRESS(Street, city, town, or county) BEL AIR, Md 21014 23a. BURIAL CREMATION 23 NAME OF CEMET RY OR CREMATORY (County) REMOVAL (Specify) 2Sa. REC'D BY REGISTRAR VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

		MARTIAND STATE DEPARTMENT OF HEALTH
3		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
1		05482 CERTIFICATE OF DEATH 05475
	₹2,4	1. DECEASED-NAME / First . @ Middle / / Lost . 20. DATE OF DEATH 2b. HOUR
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	ecuted within 24 hours after death completely filled in by the funeral love carbon papers. Pages L and 2 y event within 72 hours after deoth	10. CITY OR TOWN/OF, DEATH) 11. NAME OF HOSPITAL OR INSTITUTION (If not in bospitol during most of working life/even if retired.) 12b. KIND OF BUSINESS OR during most of working life/even if retired.)
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	e deoth certificate be ex attending physician ond permit. Then please rem on, or removal, and in an	MAKNOGIN TOMAS W. HENINGER, Havre de GRACE, MA
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	dal or at all or at icate ho for use Health i	YES NO LAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
	d al al	
	SIC spiit spiit eed eed . of	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 19 2 and INVIER OF CHARGE OF INVIERY ALTHOMS FARM STREET FACTORY) 215 IOCATION. Street as P.F.D. No. 651-453 Turns (See 1)
	OR ATTENDING PHYSICIAN: The law be retained by the hospital or attending NRECTOR: After this certificate hos bee a 3 should be detoched for use as the dwith the Stote Dept. of Health prior the stote Dept.	21d. INJURY OCCURRED While Not while of work o
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	by be Sto	22a. I certify that (I) (this haspital) attended the deceased from 4-4, 1968, to 4-5, 1969, that (I) (we) last saw the deceased glive and the deceased from the
	R: /	saw the deceased alive an
	Sho Stair	226. SIGNATURE 1 22c. DATE SIGNED
	d w	DEGREE PHYS. DEGREE PHYS. DIRECTOR PHYS. D 4/6/69
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	RA PIT	NAME (Type) Dudley thillos DARINGTON morror
	TO HOSPITAL OR ATTENDING PHYSICIAN: Poge 4 may be retained by the hospital or TO FUNERAL DIRECTOR. After this certificate director, page 3 should be detoched for us shauld be filed with the Stote Dept. of Healt	230. BURDIC, CREMATION, 23b. DATE 23c. MAJIN OF CEMETERY OR FREMATORY 23d. JOCATION (City of Javen) (County) (Stoke)
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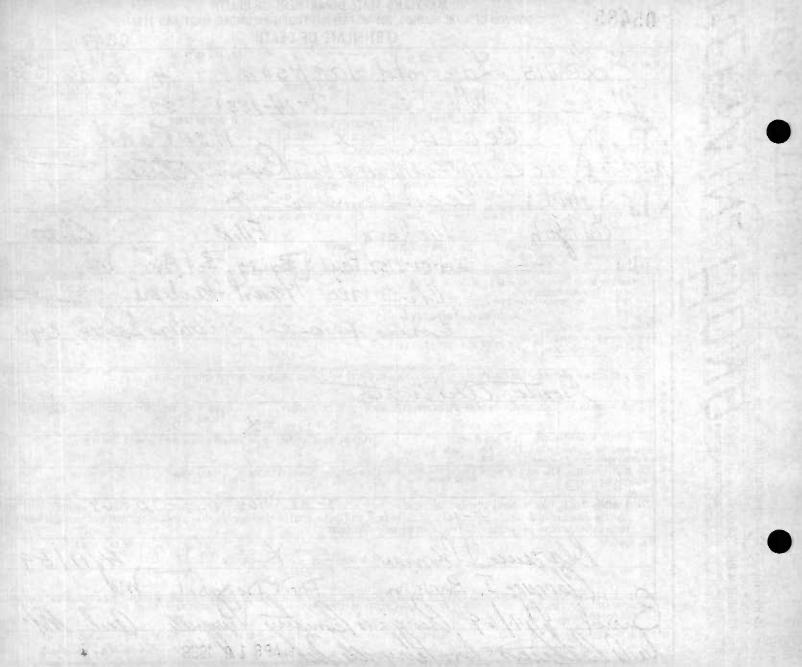
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	14. F	ATHER'S NAME	First	1	Middle	Lost	-	IS. MOTHER'S N				Mid	dle	0.	Lost		
			HAHES			HErgE				MMA					PAAI		
		WAS DECEASED EVE es, no, or unknown		FORCES?		AL SECURITY NO	1	Mrs. JEA				ADDRES 12 ock	Sperin	मुनियं	2101		
		18. CAUSE OF	CAPIL MAINE CALLE	ED DV	per line for (o),										APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
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		TART 2. OTHER S	TOTAL CON	DITIONS CONTI	CIDOTINO TO DE	AIII DOI NOI	KLUNIED	TO THE TERMINA	L DISLASE OK	CONDITIO	N OIVEN IN	PART I(U)					
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	MEDICAL CERTIFICATION	210. EXTERNAL C			ME OF INJURY MO UR A.M.	nth, Doy, Yeo	r :	21c. HOW INJURY	OCCURRED (E	nter notu	re of injury	in Port 1 or	Port 2, It	tem 18.)			
	DICA	PRIMARY OR CAUSE OF DEATH	- 77.5		P.M.	19	ALT:			460							
	ME	21d. INJURY OCC		PLACE OF INJ	JRY (At home, f	orm, street,		21f. LOCATION Stre	et or R.F.D. No).	City o	or Town		County		Stote	
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1		SIGNATURE	Juli	1	, 0	1	In		ASSISTANT MED				22b, DATE	SIGNED	1060		
2		EXAMINER'S NAME (Type)			Spring				DEPUTY MEDICAL ADDRESS(Stree	t, city, to	wn, or count	ty)		24,	1909		
	230.	BURIAL, CREMAT REMOVAL (Specif		DAT(25)	23			OR CREMATORY			LOCATION			(County)	(St	ote)	
		FUNERAL DIRECTO	FI M	Dril 35	369	ADDRE	"IJON	et Creme	1250 REC		TBA1478	TYOU	CICTDAD'S	SIGNATURE			
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MARYLAND STATE DEPARTMENT OF HEALTH

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		MARYLAND STATE DEPARTMENT OF HEALTH
1		05485 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		ASSESSMENT OF THE PROPERTY OF
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deoth deoth deoth		DECEASED NAME First , Middle Tost Co. DATE OF DEATH 20. DAY Yeor 2.0. DAY OF DEATH Anoth Doy Yeor 2.0. DAY OF DEATH Section 1.0. DOY YEOR 2.0. DAY OF D
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Sol		Male While 2-14-1881 SS YRS. MONTHS DAYS HOURS MIN
haurs S. Haurs	7a.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
ATENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs stained by the hospital or attending physician. GTOR: After this certificate has been signed by the ottending physician and completely filled in by should be detached for use as the buriol-transit permit. Then please remove carbon papers. It is should be detached for use the buriol, cremotian, or removal, and in any event, within 72 haurs with the State Dept. of Health prior to buriol, cremotian, or removal, and in any event, within 72 haurs.	ca	Unitry) MI COCIL WIDOWED X DIVORCED HORFORD.
in 2	10,	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 126. USUAL OCCUPATION (Kind of work done 126. KIND OF BUSINESS OR
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and Junou 2	No.	Cohilanh clarkson Flori
cing	16	a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT Address
ertificate by physician of phoses oval, and in		Yes, no, or unknown) Will yes give war ar dates of service) 2 11-21-79-9 Paril
ph pher her	-	THE CARLES OF DEATH (Forter only one cours are line for fell (1) and (1) approximate interval
ot the deoth cer the ottending p nsit permit. The motian, or remo		1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ook (c).) PART I. DEATH WAS CAUSED BY:
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he of per		DUE TO, OR AS A CONSEQUENCE OF
the the mod		(anditions, if any, which gove) rise to immediate cause (a). (b) Cardio Forcelor & Wileso Saleroon Oyro
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The atte	CERTIFICATION	YES NO X CAUSES OF DEATH?
og o	E. S.	21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.)
CIAN Ferring and	MEDICAL	□ OR CONTRIBUTING □ CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M.
YSI osp cert hed ot. o	MED	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certification and be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, page 3 shauld be detached for use as the buriol-transit permit. Then physhould be filed with the State Dept. of Health prior to buriol, cremotian, or removal,		While Not while of wark of wark
NG NG NG NG NG NG NG NG NG NG NG NG NG N		220. I certify that (I) (this haspital) attended the deceased from 3-31, 1969, to 4-10, 1969, that (I) (we) lost
d b d b e S e S e		220. I certify that (I) (this hospital) attended the deceased from 3-31, 1969, to 4-10, 1969, that (I) (we) lost saw the deceased alive on 4-10 1969, and that in (my) (our) opinion death occurred on the date and hour and from the
OR Sine		couses stoted obove, (1) (we) (did) (did not) view the body after deoth.
With With		22b. SIGNATURE A CONTROL OF MED. STAFF 22c. DATE SIGNED
Dir be		THE PHYS. DEGREE PHYS. DIRECTOR PHYS. I THE PHYS.
AL AL Poor		22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS 22e. ADDRESS
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VR AIR D	24.	FUNERAL DIRECTOR 2SO REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
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11	&- may	MARYLAND STATE DEPARTMENT OF HEALTH	
111		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
A		05487 CERTIFICATE OF DEATH 05480	
	4 24	1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH / 12b. HD	(ID
	funeral funeral s 1 and ter death	(lype or print) Manth 4 Doy, 7 Year / O CT	1 M
	fun 1 er d	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years Funder 1 year Funder 24	HRS
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	nours after death. The function of the functi	7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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	ed within 2, nours after death, soletely filled in by the funeral corbon papers. Pages I and 2 corbon papers. Pages I and 2 to with a 72 hours after death.	10. CITY OR TOWN OF DEATH 11. MAKE OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 12b. KIND OF BUSINESS OR Carpenter—Foreman 12b. KIND OF BUSINESS OR CARPENTER 12c. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 12c. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 12c. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 12c. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	t
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	physician of the please oval, and i	16a. WAS DECRASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address JOPPa, Mai	
	phy en oval	no 218-24-322 4 Virginia G. Johnson, 1409 Old Joppa Road	
	otending permit. The	18. CAUSE OF DEATH (Enter anly ane cause per line for (a) (b), and (b).) PART I, DEATH WAS CAUSED BY:	H
	ottendi permit. ion, or r	IMMEDIATE CAUSE (a) / Click Child nelmonary mufficiency face	2/5
	it the o	Canditions, if any, which gave) (b) Caronico or - Dulmale Seveal ye	0-8
	hot n. yy ff onsi	rise to immediate couse (a). stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
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	Pital pital d fo of H	Or CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d INVIEW OF CHIPPED 121e PLACE OF INVIEW AT HOME FARM TREST EATORY 1 215 LOCATION Street or P.F.D. No. City of Taure	
	JING PHYSICIAI by the haspital fler this certifice be detoched for	While Notwhile 1 Tele total of Industrial Office Bulleting, Etc.	9
	de de la de	at wark of work	1
	OR ATTENDING PHYSICIAN: be retained by the haspital or INECTOR: After this certificate a 3 should be detached for used with the State Dept. of Heal	22a. I certify that (I) (this hospital) attended the deceased from 4-14, 19-4, ta 4-17, 19-4, that (I) (we) saw the deceased alive an 19-4, and that in (my) (aur) apinian death occurred on the date and hour and from	the
	TOR TOR Shou Th th	causes stated above, (I) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE	_
	OR ATTENE be retained DIRECTOR: A le 3 should ed with the	Director Dir	
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	O HOS Page 4 O FUN directs	23a. BURIAL (REMATION, REMOVAL (Specify) Apr. 19,1969 Trinity Lutheran Cemetery Joppa Harford Md	
	0.0	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	-
	VR A15 (4) 1	Howard K. McComas & Son, Abingdon, Md. APR 2 1 1969 Ycharles Judge:	

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11	1	MARYLAND STATE DEPARTMENT OF HEALTH
	1 3	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		05488 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05481
	22	1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH / 2b. HOUR
eoth	ero I	(Type or print) 1 Months Doy 7 Year 9 1)
_	/5 5 W	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 1 of under 1 year 1 of under 24 hrs.
afte	(188 =)	Ost Dightday) Months Oays Hours Min
urs	3	(1,0)
Within 24 hours after deoth	completely filled in by the funeral nove corbon papers. Pages ond 2 y event, within 72 hours after death.	Horrord Co. 1 d 45 H WIDOWED DIVORCED HORRISTON Md.
ii	電台	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (H not in hospital during most of working life, even if retired.) 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
1	\$ a a	Maurede Chace Hartord / lemong Nurse (Registered) medical
executed	npole co	13d. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE 13b. COUNTY C
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le) (e	ling phy Then removal	1B. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).) PART I. DEATH WAS CAUSED BY: APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
leoth	permit.	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Tulmonary Combolism
he	by the off fransit per cremotion,	DUE TO, OR AS A CONSEQUENCE OF
± ±		Conditions, if only, which gove itse to immediate couse (a). (b) Fractice of Africa
PHYSICIAN: The law requires that the deoth certificate be to hospital or ottending physicion.	signed by the burial, cremoti	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF (c)
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no re	2 5 5 5	Massive Pneumonia (4) lung with alelectases
va la	icote has been for use os the Health prior to	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
The	P S # 2	1/05/0/ 4 recenter 1/1/4 TES NO.
AN	for Hec	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.)
/SIC	certif hed it. of	Ulf either, notify medical examiner) P.M. 19 FEIL AT NURSING HOME 4/24/69 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State
PH e	After this certified be detoched is Stote Dept. of	21d. INJURY OCCURRED VALUE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State Of work of work
N >	to de d	22a. I certify that (1) (this hospital) attended the deceased from H-24, 1969, ta H-27, 1969, that (1) (we) last
IQN:	d b S S S S S S S S S S S S S S S S S S	22a. I certify that (I) (this hospital) attended the deceased from 1907, and that in (my) (aur) apinian death accurred on the date and haur and from the courses stated above (I) (we) (did not) view the hadvetter death
TA S	Should the	causes stated abave, (I) (we) (did) (did nat) view the bady after death.
SPITAL OR ATTENDING PHYSICIAN: The law requires the mov be retained by the hospital or attending physicion.	DIRECTOR: A Should be down the the	Clearles Holeyh. The percent Phys. Attending Med. Director Phys. 1 4/27/69
ITAL	AI DIE	1 22d. PHYSICIAN'S NAME (Type) CHARLES JI/FIDLEY JR M. T. ADDRESS HAVRE dE GRACE, Md.
OSP 4	director, po	
TO HOSPITAL Poge 4 mov b	To FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use os the should be filed with the Stote Dept. of Health prior to	230. BURIAL, (REMATION) 23b. DATE 23i. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Hepril 29, 1969 St. Ignatius Cath. Ch. Com. Hickory, Harling
	The same of the	24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	45M - 1X69	JOSEPH William Foster Bet Air, MAJIAN 21014 DAAPR 29 1969 Misseles Judges

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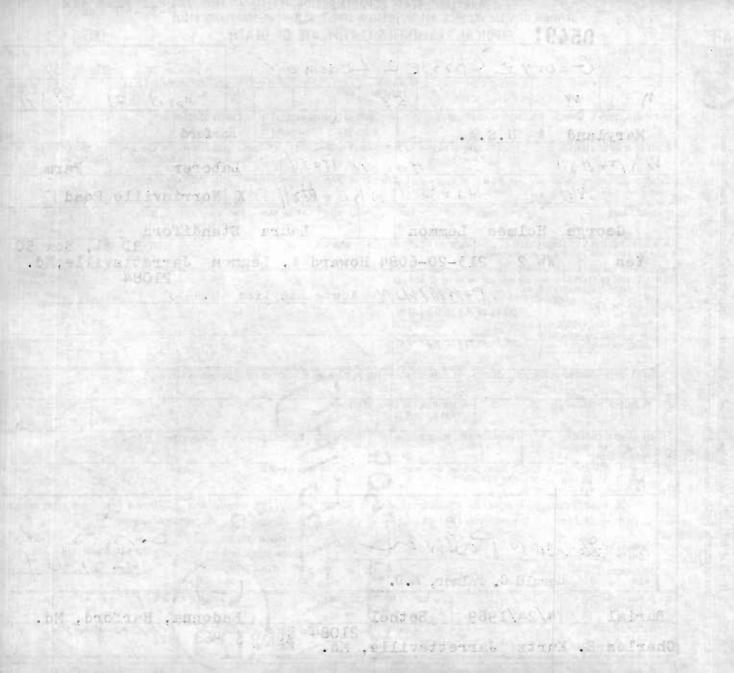
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0	5489	DIVISION OF VITA	L RECORDS, 301	W. PRESTON STREE	T, BALTIMORE, N	ARYLAND 21201	
1 0	0704			IFICATE OF DI			05482
1. DECEASE	D-NAME First		Middle	Last		OF DEATH	2b. HOUR
(Түре а	r print)		H.	10	24. DAIL	Month Day	
3. SEX	0 03		11.	Noch		1 105 0	8 61 1 1
3. 3EA	_	4(RACE		S. DATE OF BIRTH		6. AGE (In years last birthday)	IF UNDER I YEAR IF UNDER 24 HRS. MOINTHS DAYS HOURS MIN
	-5	\perp ω		Uct	0, 1901	67 YRS.	
7o. BIRTHP country)	PLACE (State or foreign	7b. CITIZEN OF WHAT CO	UNTRY? 8. MA	RRIED NEVER MARRIEL	9. COUNTY	OF DEATH	
	lenna	45		OWED DIVORCED		Hart	ord M
10 CHY OF	R TOWN OF DEATH	11 NAME OF give street a	HOSPITAL OR INSTITUTION	(If nat in hospital	12a. USUAL OCCUPATI	ON (Kind of work dane	12b. KIND OF BUSINESS OR
Ma	uredeton	ace Ha	tord N	lemoria!	House WL	ng life, even if retired.)	INDUSTRY
13a. USUAL	L RESIDENCE (Where deceas	ed lived, if institution: Re	sidence befare 13c. C			STREET, AND NUMBER	
admissian)	JAIL La.	136. COUNTY amon	ia W	ilmore YE	S NO	BOX 8:	3
14. FATHER	L'S NAME TIrst	Middle	Last	IS. MOTHER'S MAIDE	N NAME First	Middle	1 Last
	s) am	65	rennar		N.	th	Nlartin
16a. WAS	DECEASED EVER IN U.S. ARA	MED FORCES? 16b. S	OCIAL SECURITY NO.	17. INFORMANT	114	Address	. 101 (11)
Yes, 190	(If yes give w	of Ordates of service)	nknown	Jesse 1.	Klock, Wi	lmore. Pa.	
18. 0	CAUSE OF DEATH (Enter an	ly one cause per line for	(a) (b) and (c))	1	1	,	APPROXIMATE INTERVAL
	PART I. DEATH WAS CAUSED	D BY: // -	ral webre	О Кетал.	/	much	BETWEEN ONSET AND DEATH
4	424 IMMEDIA			- Juning	uge, ma	NUN	week
Cand	litions, if any, which gave	DUE TO, OR AS A CO	CVCD				
rise t	to immediate couse (a), ((0)					Mens
statin last.	ng the underlying cause	DUE TO, OR AS A CO	INSEQUENCE OF				
	, 0. 071150 010115161	(c)					
PART	2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO	DEATH BUT NOT RELA	TED TO THE TERMINAL DI	SEASE OR CONDITION G	VEN IN PART 1(a)	
NO	Burne	hagneun	ionia				
190. D	DATE OF OPERATION 19b.	CONDITION FOR WHICH OP	RATION WAS PERFORME		CALL	IF YES, WERE FINDINGS C SES OF DEATH?	ONSIDERED IN CERTIFYING
KIE		V		YES	NO [V.K)
	ACCIDENT WAS UNDERLYIN CONTRIBUTING CAUSE OF DEAT		Y th Day Year	21c. HOW INJURY OCCURR	ED (Enter nature of i	njury in Part 1 or Part 2,	Item 18.)
(If eit	ther, natify medical examin	ner) P.M.	19		To any significant and the second sec		
	INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOW	E, FARM, STREET, FACTORY.) BUILDING, ETC.	21f. LOCATION Street ar	R.F.D. No.	ity or Tawn	Caunty State
at wai	e Nat while at wark	T Office.				.1 0	
22a.	I certify that (I) (thi	is haspital) attended	the deceosed fro	n H- 1	_, 19_69, ta_	4-8,19	, that (I) (we) las
	saw the deceased al	ive on 4/8	1969	and that in (my) (aur) opinion deot	accurred on the do	te and haur and from th
	causes stated abave	, (I) (we) (did) (did n	at) view the body o	itter death.			
22b. S	SIGNATURE	11.10.0) h	ATTENDING	MED.	STAFF CO	DATE SIGNED
	Kuhar	cr Califor	MI	DEGREE PHYS.	☐ DIRECTOR ☐	PHYS. 4/	8/69
22 d.	NAME (TYPRichard	Call	M.D	22e. ADDRESS	17 1 1 2	At 1	
	THE CHARLES WAS A	d. Calfer			Havre de 9	race, I'd.	
	AL, CREMATION, 23b. [DATE	23c. NAME OF CEMETER			TION (City ar Tawn)	(County) (State)
	William)	4-12-69	St. Barth	olomew (eme		nore, (ambri	ia, Pa.
24. FUNER	AL DIRECTOR	and the	ADDRESS	As a 2Sc		12.466.73	SIGNATURE
L	ee A. Patter	ison & Son,	Peruville	1 /Ide DA	APPRILIT 19	169 Tillian	Can freelight

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					MARYLAND ST	ATE DEPARTMENT OF	HEALTH		
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1			1141.10.0		CER.	IFICATE OF DEATH		05483	}
	h. 2 h.		ECEASED-NAME First		Middle	Lost	20. DATE OF DEATH		2b. HOUR
	er death funeral 1 ond 2 er death	(Type or print) E/APO	nee	W.	LAIRE	Appi/Month of	oy Year	920 M
	fun der d	3. S		4. RACE		S. DATE OF BIRTH	6. AGE (In years	IF UNDER TYEAR	IF UNDER 24 HRS.
	hours after no by the rs. Bores of hours of the		Icmale	Wh	178.	000,8,18	84 last hinthday) YRS	MONTHS DAYS	HOURS MIN
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	ertif		10 CAUCE OF DEATH (F-A			7)		APPROXIM	ATE INTERVAL
	he death ce attending p permit. The iion, or remo		18. CAUSE OF DEATH (Enter o PART 1. DEATH WAS CAUS	ED BY: / A	(o), (b), and (c).)	and of the	12 1	BETWEEN ON	ISET AND DEATH
	dea ten ten ten ten ten ten		113 IMMED	IATE CAUSE (o)	wood	To for the			
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	equires that the death certificate be exelleptistican. Signed by the attending physician and control transit permit. Then please rehad burial, cremation, or removal, and in any			NDITIONS CONTRIBITION	O DEATH BUT NOT GE	ATED TO THE TERMINAL DISEASE OF			
	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death be retained by the hospital ar attending physician. SIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral is 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 ed with the State Dept. at Health prior to burial, cremation, or removal, and in any event, within 72 hours after death		D2 (4	lact va	Marlet	7 16	CONDITION OFFER IN TAKE 1(0)		
	law ndin bee bee ior t	CERTIFICATION	190. DATE OF OPERATION 196	. CONDITION FOR WHICH OP	ERATION WAS PERFORM	ED 20o. AUTOPSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CE	RTIFYING
	he he nos	EE				YES NO [CAUSES OF DEATHS		
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	f He for the first for the fir	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. Mon	nth Doy Yeor	(,,	
	ospi cert hed bt. a	WED	21d. INJURY OCCURRED 21e	PLACE OF INJURY (AT HON	19 ME, FARM, STREET, FACTORY,	21f. LOCATION Street or R.F.D. N	o. City or Town	County	Stote
	PH ie h		While Not while at work	OFFICE	BUILDING, ETC.			,	
	NG V th v er t ote		22a. I certify that (I) (t	nis haspital) attended	the deceased from	m 4-3 19	69 to 4-7 1	9 69 , that	(I) (we) last
	Affi d b d b d b e Si	11	saw the deceased	dlive on 4	- 7 19 6	L and that in (my) (aur) at	pinian death accurred an the c	date and haur o	and fram the
	P Soul			e, (I) (we) (did) (did n	pt) view the bady	after death.			
	reternation of the second of t		22b SIGNATURE	1/1. 1/2	10 MA	DEGREE PHYS.	MED CTAFF C	c. DATE SIGNED	
	be de lied		Danvau	Morak	ex Mil		DIRECTOR PHYS.	4-1-6	7
	RAI RAI RAI Po Po be f		22d./PHYSICIAN'S NAME (Type)	E 71 MON	DAVII A	1.D. 22e. ADDRESS	lines Are the	vo Ad	rase Rel
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Poge 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be defached for use as the should be filed with the State Dept. af Health prior to	22.	DIIDIAI CDEMATION LOS	DATE	23c. NAME OF CEMET		23d. LOCATION (City or Town)	(County)	(State)
	oge Sho sho	230.		DATE	ZSC. NAME OF CEME!	* CKEMATUKT	and the second s	(County)	(Stote)
	5-5	24	FUNERAL DIRECTOR	1.6.11.01	ADDRESS	250 RFC'D	BY REGISTRAR 25b. RECISTRAR	REFORD PS SIGNATURE	4, 1403
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	130		MOHN TI MAK	KINS, DEI	mint in	DAVE11 11		V	

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0	Item2 FilmGl12 MARYLAND STATE DEPARTMENT OF HEALTH Items 188222 Film 4 4/30/69 kk DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	12
FOR STATE		484
HEALTH DEPT.	1. DECEASED-NAME First O Middle Last 20. DATE KNOWN Manth Doy	Year 2b. HOUR
S 0 8 5 5	GEOFFE CHISTES LEMMON DEATH MATER 14 21	1969 A
any deloy is 2, and 3 to PM3. Poge		or 69 7PM
J, 2, m F	76. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
h. Jes form	COUNTRY) Maryland U.S.A. WIDOWED DIVORCED Harford 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital a 12c, USUAL OCCUPATION (Kind of work done 12b, KI)	Me
r deat ve Page with the Str	White Hall give street address) Houch Read during most of working life, even if retired.) INDUSTE	ND OF BUSINESS OR RY Farm
24 hours after death. Sn It tem 18. Give Pages 1, 2 r's Office olong with form es lond 2 with the State Depris offer death.	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE Md 13b. COUNTY 4 2 7 5070 Who Te May 10 X Norrisville Ro	
hour Item Office Iond 2	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
5 5 5	George Holmes Lemmon Laura Standiford	
within 24 carriers 's carriers 's lie pages 72 hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes WW 2 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESSRD #1, Yes Yes Yes ADDRESSRD #1,	Box 50
File File	27.09/1	APPROXIMATE INTERVAL
uted g" i ical ical mit.	PART I. DEATH WAS CAUSED BY:	TWEEN ONSET AND DEATH
Med Med per	303.9 IMMEDIATE CAUSE (a) 1/7/19/10/1/ ACUTE ETHYLISM (0.44%)	
be de lief	Canditions, if any, which gove (b) (b)	
should be executed ne word "pending" in to the Chief Medical Buriol-transit permit. Fin ony event within	stoting the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF	
This certificate should be executed within cate, writing the word "pending" in pencil be forwarded to the Chief Medical Exartion. I be used as a buriol-transit permit. File pagar removal, and in any event within 72 hours.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
This certificate, writing the forward about the used a contract of the contrac		0. AUTOPSY?
or for rem	WAS PERFORMED?	YES NO NO
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3 ± ± 5 = 1	21d. INJURY OCCURRED WHILE AT WORK AT WORK 21e. PLACE OF INJURY (At hame, form, street, factory, office building, etc.) 21f. LOCATION Street or R.F.D. Na. City or Town Coun	stote Stote
ICAL EXA secute tor. Poge ed for you CTOR: Pog burial, cre	22o. I certify that I took charge of the remains described above, held on Autopsy, Inspection, Inquiry, o	ond in my opinior
se exctor.ned	deoth resulted from: Notural couses 🗷, Accident 🗌, Suicide 🔲, Hamicide 🔲, Undetermined monner	
JIY DICK	ACTUAL AND CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER	>- M.
EPUTY ssary, I funeral oy be r INERAL Ith prid	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 220. DATE SIGNED	1-69
Sso	EXAMINER'S NAME (Type) Gerald C. Palmer, M.D. ADDRESS(Street, city, town, or county)	- 1
nece the 5 m 10 FU	230. BURIAL CREMATION, 23b. DATE 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County	y) (State)
	Burial 4/24/1969 Bethel Madonna, Harford	, Md.
VR AISME (SIX D	24. FUNERAL DIRECTOR ADDRESS 21084 250. RECUSTRARS SICHARD	Maria
10M REV. 1/68	Charles E. Kurtz Jarrettsville, Md.	



5	1	MARYLAND STATE DEPARTMENT OF HEALTHI tem 2 Film Gil 2 5/1/0	69 kk
FOR STATE		15492 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05	5485
HEALTH DEPT.	1, 0	DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Do	
		Type or Print)	OW1 19 M
5 m 6	3. 5	EX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	Year 2d. Hour
any deloy is 2, and 3 to PM3. Page		Female White 11-15-1903 65 YRS. MONTHS OAYS HOURS MIN. Month April Doy	Year 1969 11:00
P. Z. Z.		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
form form te D	(3)	TIMORE, MD. U.S.A. WIDOWED DIVORCED Harford	Md
Page vith Sta	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12)	b. KIND OF BUSINESS OR DUSTRY
hours after death. Item 18. Give Pages 1, Office olong with form I and 2 with the State Deagler death.	10	Bel Air Road HESS SHOES	SALES
s after 18. Give s olong 2 with death.	130	126 COUNTY	
urs m 13 ice ice d2	14	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
	1	ABRAHAM MYERBERG MARY	BUSH
perellin 24 perellin 25 perell		WAS DECEASED EVER IN U.S. ARMED FORCES? [16b, SOCIAL SECURITY NO. 17, INFORMANT ADDRESS \$ 2.0.1	
pentition year the property of the property 72 hours	((If yes give war or dates of service) MRS. BEATRICE M. HARRIS. APT. 1106.	
should be executed with per- street was a short was the Chief Medical Execu- uriol-transit permit. File in ony event within 72		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
cute ng" dica dica with		PART I. DEATH WAS CAUSED BY: ASCV Disease	DELIVERY OF SET VIIID OCTU
be execut "pending" nief Medica ansit permi event with		DUE TO, OR AS A CONSEQUENCE OF	
hief hief		Conditions, if only, which gove rise to immediate couse (o), (b)	
ould ward he (he (iol-tr		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
sh he v to t bur d in	100	(c)	
ical Examiner: This certificate should be executed within 24 executed the certificate, writing the ward "pending" in pentitration. Page 4 should be forwarded to the Chief Medical Exeminer's ed for your files. CTOR: Page 3 should be used as a buriol-transit permit. File pages buriol, cremation, or removal, and in any event within 72 hours		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
wariti oo oo	NOIT	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
for for rem	TEIG	WAS PERFORMED?	YES NO X
**AL EXAMINER: This execute the certificate, or. Page 4 should be for your files. **TOR: Page 3 should be unitiol, cremotion, or remotion.	MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Month, Doy, Yeor HOUR A.M. 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item	1B.)
ER: cert ould ould es. shou	DICA	CAUSE OF DEATH P.M. 19	
MIN the 4 sh 1 fil mot	W	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, hor while not while foctory, office building, etc.)	County Stote
EDICAL EXAMINER: ase execute the certification. Page 4 should inned for your files. RECTOR: Page 3 should to buriol, cremotion,		AT WORK L AT WORK L	
AL I r. Per for for uriol		22a. I certify that I taak charge af the remains described abave, held an Autapsy, Inspection 🔀, Inquiry 😓,	
se esctolined		death resulted fram: Natural causes 🗷, Accident 🗌, Suicide 🔲, Hamicide 🔲, Undetermined manner	
please director retained or to b		ACTUAL Levald & Palmer CHIEF MEDICAL EXAMINER 22b. DATE SIG	CNED
UTY, errol be be pri		DIGNATURE	20, 1969
TO DEPUTY CALL EXAMINER: This certificon necessory, please execute the certificate, writing the funeral director. Page 4 should be forwarded 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as Health prior to buriol, cremotion, or removal, or		EXAMINER'S NAME (Type) Gerald C. Palmer, M.D. ADDRESS(Street, city, town, or county) Bel Air,	
10 the	230	BURIAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Co	ounty) (Stote)
		BURIAL (Specify) BURIAL 4-22-69 236. NAME OF CEMETERY OR CREMATORY ANSHE EMUNAH AITZ CHAIM BALTIMORE, MARYLA	
VR ATSME (5)	24.	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR 25	NATURE
10M REV. 1/68	120	OL LEVINSON & BROS., 6010 REISTERSTOWN ROAD APR 2 5 1969 CHEMINAS	P. P.
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1901.00.1901					

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05493 05486 CERTIFICATE OF DEATH DECEASED-NAME Middle 2b. HOUR 2a. DATE OF DEATH within 24 hours after death (Type or print) 3. SEX 4. RACE 6. AGE (In years lost birthday) MONTHS DAYS HOURS July 13, 1882 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED | NEVER MARRIED Harford WIDOWED X DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of wark dane 12b. KIND OF BUSINESS OR during mast of working life, even if retired.) INDUSTRY. Home evenf, 13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13d. INSIDE CITY LIMITS? The law requires that the death certificate be executed 13c. CITY OR TOWN 13e. STREET AND NUMBER admission) STATE YES T NOF please remave perdeen and in any 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Last Middle Ramsey, (D) Andrew Elizabeth Henderson. (D) 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no or unknown) (If yes give war or dates of service) 215-48-2710 Beatrice Bell, Rt. 1. Churchville. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH tripride plants is IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE O Canditians, if any, which gave burial-transit rise ta immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF ar attending physician stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) After this certificate has been State Dept. af Health prior ta far use as the 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO TO 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) detached P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Nat while 22a. I certify that (I) (this haspital) attended the deceased from 4-5, 1969, ta 4-23, 1969, that (I) (we) last saw the deceased alive on 1-23, 1969, and that in (my) (aur) opinian death accurred an the date and haur and from the O FUNERAL DIRECTOR: causes stated above (1) (did nat) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR d director, page 3 DEGREE 24 April 1969 22d. PHYSICIAN'S 200 ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 26 April 69 Spesutia Cemetery Perryman, (Harford Co.) Md. 24. FUNERAL DIRECTOR ADDR#55 25b. REGISTRAR'S SIGNATURE 25g. REC'D BY REGISTRAR Aberdeen, Md. 21001 DATE APR 28 Mcharles Judg 45M -1969 Tarring Funeral Home

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		05494	DIVISION OF \	ITAL RECORDS,				E, MARY	LAND 21201		
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1		EASED-NAME First	t	Middle		Last		DATE OF DE		69Year	2b. HOUR
		MAKIA	iN /	NNF	MCR	EYNOLI	72 Y	IRRIL		Tedr	2030M
	. SEX		4. RACE			5. DATE OF BIRTH		6	. AGE (In years last birthday)	MONTHS OAYS	IF UNOER 24 HRS. HOURS MIN.
L	10	MALE .	BAUCE	ASIAN		17 JAN	1944	+	25 YRS.	MONTHS ONLY	noons man,
	o. Bl		7b. CITIZEN OF WHA	T COUNTRY?	8. MARRIED 5	NEVER MARRIED		UNTY OF D			
L		ILLINOIS	USA		WIDOWED [FORD		Md.
		TY OR TOWN OF DEATH	11. NA	ME OF HOSPITAL OR INS	TITUTION (If not	t in hospitol	20. USUAL OCC	UPATION (K	and of work done	12b. KIND OF	BUSINESS OR
L	E	DGEWOOD	62	reet address)	AKER	CR	EACH	ER	e, even if retired.)	Scho	ol
11	30. l	SUAL RESIDENCE (Where decease sion) STATE	lived, if institution 13b. COUNTY	n: Residence before	13c. CITY OR 1	Vrc 1	SIDE CITY LIMITS?		ET AND NUMBER	4	
L		MARYLAND	[4]	ar for D		MOOD YES		1620	1	aker (CROCE
1	4. FA	THER'S NAME First	Middle	Last		MOTHER'S MAIDEN			Middle		Last
L		KOY		DERNE			Mart	ha		Ko.	llock
P	6a. Ye		D FORCES? ar dates of service)	6b. SOCIAL SECURITY N		FORMANT	1.00	04- 7	Address	0 0 100	
F	_	NO		341-36-30	01 H	USBAND	62	02-1	> BAKEI		MATE INTERVAL
ı		 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED 								BETWEEN O	NSET AND DEATH
ı	4	IMMEDIAT	E CAUSE (a)	SSIBLE -	PULM	TONARY	EMB	04(2)	n	10-1	5 MIN
		450 X	DUE TO, OR AS	A CONSEQUENCE OF						P Page	
1		Conditions, if ony, which gove rise to immediate cause (a),	(b)			1415					
		stating the underlying couse		A CONSEQUENCE OF							
I		PART 2. OTHER SIGNIFICANT COND	(c)	NC TO DEATH BUT NO	T DELATED TO	THE TEDMINAL DISE	ASE OD CONDITI	ION CIVEN I	N DADT 1/a)		
1		TAKT 2. OTHER SIGNIFICANT CONE	IIIIONS CONTRIBUTI	NO TO DEATH BUT NO	I KLLAILD TO	THE TERMINAL DISE	ASE OKCONDITI	ION GIVEN I	N PART I(0)		
	N N	19a. DATE OF OPERATION 19b. C	ONDITION FOR WHIC	H OPERATION WAS PER	FORMED	20o. AUTOPSY?		20b. IF Y	ES, WERE FINDINGS C	ONSIDERED IN C	ERTIFYING
ı	CERTIFICATION					YES 🔽	NO 🗍		F DEATH?		
ı		210. ACCIDENT WAS UNDERLYING	21b. TIME OF	INJURY	21c. HO				in Port 1 or Part 2,	Item 1B.)	
ı	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M.	Month Day Yeor						ŕ	
l	_	21d. INJURY OCCURRED 21e. P	LACE OF INJURY	AT HOME, FARM, STREET, FAC DEFICE BUILDING, ETC.	TORY,) 21f. LOC	ATION Street or F	R.F.D. Na.	City or	Town	County	Stote
ı		While Not while at wark	,	OFFICE BUILDING, ETC.	1						
١	1	22a. I certify that (I) (this saw the deceased ali	haspital) atter	nded the decease	d fram	-ARRIL	, 19.69,	ta	, 19.	, that	(I) (we) last
١	П	saw the deceased ali causes stated abave,	ve an 8 A	RKIC 1	9 <u>69</u> , and	that in (my) (a	ur) apinian	death ac	curred an the do	ite and haur	and fram the
ı		22b. SIGNATURE	(1) (we) (ala) (1	and not) view life i	day arrer a	eum.			226	DATE SIGNED	
		Harold Ki	lenst	11 M	DEGRE	ATTENDING PHYS.	MED.	OR 🗆	STAFF PHYS.	april	69
1		22d. PHYSICIAN'S	ryman	and the		22e. ADDRESS	- DIRECTO			your	
		NAME (Type) HAR	US KI	RKPATRI	CK	6663	C RET	DER	C/ 672	65000	DAMA
1	230.	BURIAL, CREMATION, 23b. D.	ATE	23c. NAME OF (EMETERY OR C	REMATORY	23d.	LOCATION	(City ar Town)	(County)	(Stote)
1		Removal (Specify) Ap	r.10.1969	Dawson	& Wiko	ff Funer	al Home	Der	catur	Macon	T11.
1	24. 1	UNERAL DIRECTOR		ADDRESS		2Sa.	REC'D BY REG	ISTRAR	2Sb. REGISTRAR'S	SIGNATURE	100
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05488 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. First 1. DECEASED-NAME Middle Lost 20. DATE KNOWN TO Month Day (Type or Print) ESTI-2, and 3 to PM3. Page MELVIN MC WATTERS 0 April 3 1969 DEATH MATED artment IF UNDER 1 YEAR IF LINGER 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD 30 3 SYRS HOURS Yeor White 10-24-38/930 Male 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED form DIVORCED S WIDOWED [HARFORD Item 18. Give Poges 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o, USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 4 should be forwarded to the Chief Medical Exominer's Office olong with give Fleasantville Road during most of working life, even if retired.) INDUSTRY FOREST HILL 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE Md • 13b. COUNTY Harmford 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Harford odmission) STATE Forest Hill YES TO NO Pleasantville Road lond 2 ofter 4. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First .= poges hours 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (Yes, no. or unknown) (If yes give war or dates of service) within be executed 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), BETWEEN ONSET AND GEAT permit. PART I. DEATH WAS CAUSED BY Asphyxia IMMEDIATE CAUSE (a). event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if only, which gove Carbon monoxide rise to immediate couse (a). any certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse Conflagration . = PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) removal, CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificote, YES X NO [pe 21o. EXTERNAL CAUSE WAS 3 should l 0 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) PRIMARY X OR CONTRIBUTING cremotion, 19 69 Found in burning house CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.)
House WHILE AT WORK AT WORK Pleasntville Rd. Forest Hill Harford Md. buriol, 22a. I certify that I taak charge of the remains described above, held an Autopsy [X]. Inspection nauiry and in my apinian the funeral director. death resulted fram: Natural causes Suicide Accident X Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE April 3, 1969 DEPUTY MEDICAL EXAMINER Charles S. Springate, M.D. **EXAMINER'S** moy NAME (Type) ADDRESS(Street, city, town, or county) 50 23o. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) BULLIA 250. BECD BY REGISTRAR 24. FUNERAL DIRECTOR REGISTRÁR'S SIGNATURE ochenia O. VR A15ME (5) 1969 DATE 10M REV. 1/68

	1		RYLAND STATE DEPARTMENT OF HEALTH	
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	OR DE L		Charles	Joley DEGREE ATTENDING MED. STAFF PHYS. PHYS.	Ipril 27, 1969
	ay ay		22d. PHYSICIAN'S	22e, ADDRESS	111
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health prior to		NAME (Type) hATR	PLES J. HOVEY JR. HAVRE DE GRACE	, 11d-
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05494 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. DECEASED-NAME Middle Lost 20. DATE KNOWN Yeor (Type or Print) ESTI-OF MICHAEL PETROGALLO DEATH MATED 6. AGE (In years IF UNDER 24 HRS 4. RACE IF UNDER 1 YEAR 3. SEX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR 2-13-1896 Male White Depar MARRIED NEVER MARRIED 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH Office along with farm country) Pennsylvania Harford U.S A. WIDOWED [DIVORCED [Give Pages and 2 with the State 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work dane 24 hours after death 12b. KIND OF BUSINESS OR give Metrorid Memorial Hospita during most of working life, even if retired.) **INDUSTRY** Havre de Grace 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? death, 13b. COUNTY Harford odmission) STATE Marvland Item 18. 58 Norman Avenue Aberdeen YEX NO after 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last Petrogallo (D) Anthony (D) Erminia Russo = hours should be farwarded to the Chief Medical Examiner's 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS This certificate shauld be executed within (Yes, no or unknown) 716-05-4804 Alfred Petrogallo, Aberdeen, Maryland File any event within 18. CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c).) BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY. pending" IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditions, if ony, which gave rise to immediate cause (a), writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) remaval, CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES 🗍 NO X pe 5 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should HOUR A.M. MEDICAL PRIMARY OR CONTRIBUTING burial, crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY (At hame, form, street, City or Town County State foctory, office building, etc.) FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy ... (Inspection) (Inquiry 7, and in my opinion the funeral director. death resulted from: Natural causes . Accident . Suicide | Hamicide Undetermined monner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED DEPUTY MEDICAL EXAMINER EXAMINER'S may Health Bel Air, Maryland NAME (Type) Gerald C. Palmer. M.D? ADDRESS(Street, city, town, or county) 50 23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 4 April 1969 Harford Memorial Gardens Aberdeen, (Harford) Md. 24. FUNERAL DIRECTO 2Sb. REGISTRAR'S SIGNATURI Funeral Home, Aberdeen, Md. 21001 VR A15ME (5) 10M REV. 1/68

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11_	MAKYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	05502 CERTIFICATE OF DEATH 05495	
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rtifica ohysic en ple ival, c	Yes, Progrunknown) (If yes give wor or dottes of service) Matilda A. Preston, Havre de Grace, Md.	
requires that the death certificate g physician. s signed by the attending physiciar s burial-transit permit. Then pleas a burial, crematian, ar remaval, an	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) IMMEDIATE CAUSE (o) APPROXIMATE INTERVAL BETWEEN ONSET AND DEA 2. When the content of th	TH
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be excepted within ? Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filledirector, page 3 should be detached for use as the burial-transit permit. Then please remave carban planshauld be filled with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within	G OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year	
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OR ATTEND be retained DIRECTOR: A ie 3 should ed with the	22a. I certify that (I) (this haspital) attended the deceased from 1, 19,07, ta 4, 19,09, that (I) (we saw the deceased alive an 19,69, and that in (my) (our) apinion death occurred on the date and hour and fran couşes stated above, (I) (we) (did) (did nat) view the bady after death.	n the
EG Sh	22b. SIGNATURE ATTENDING MED. STAFF 22c. DATE SIGNED	
DIR Sed	DEGREE PHYS. DIRECTOR PHYS. 1 9/2/169	
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NER NER Uld		
H B B E E	236 BURIAL, (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR (REMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR (REMATORY 23d. LOCATION (City or Town) (County) (Stote) Neslevan Chapel Cemetery Havre de Grace. Marvlan	.1
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VR AI	24. FUNERAL DIRECTION Was combon As ADDRESS Tarring Funeral Home, Aberdeen, Md. 21001 250. REC'D BY REGISTRAR 250. REC	
45M - 1/69	Tarring Funeral Home, Aberdeen, Md. 21001 MAY 5 1969	

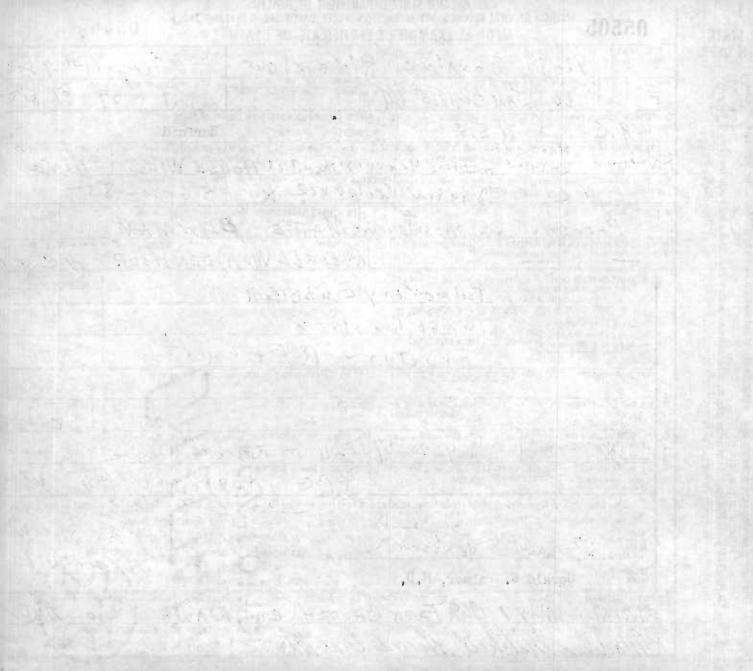
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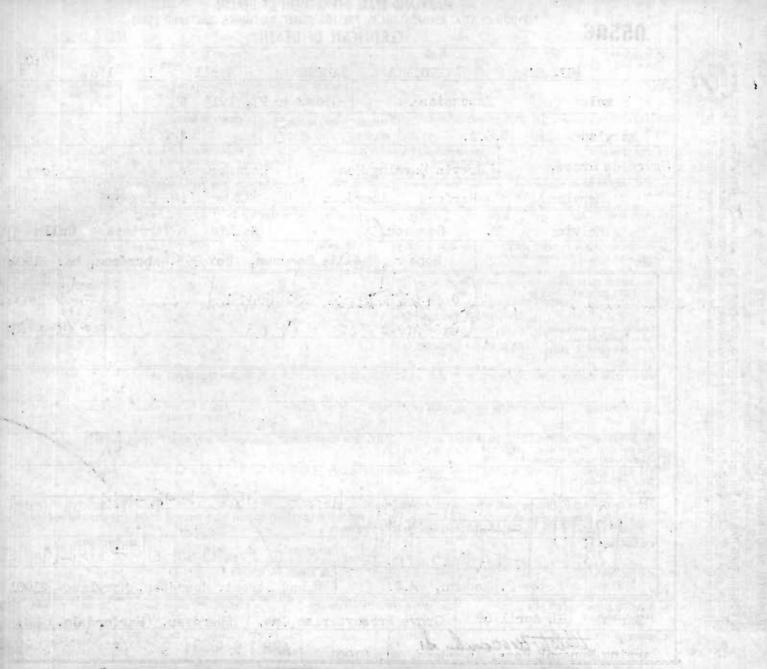
		05501	DIVISION OF VITAL RECORDS,		STREET, BALTIMOR		
		05504		ERTIFICATE O	F DEATH		05497
		CEASED-NAME Spirit Print	Middle	Lost	20.	DATE OF DEATH Month Do	2b. HO
1			SHIVES			April 1	3 69 40
1	3. SE	X	4. RACE	S. DATE OF	BIRTH	6. AGE (In years last birthday)	IF UNDER TYEAR IF UNDER 24
	7 .	Male	Caucasian	Ju.	ly 28, 189	3 75 76 YRS.	
1	/o. Ł		7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER N	AKKIED	UNTY OF DEATH	
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l	10. C	1	11. NAME OF HOSPITAL OR INS give street address) Citizens N	TITUTION (It not in hospito	during most of	UPATION (Kind of work done working life, even if retired)	12b. KIND OF BUSINESS OF
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	14. 1		Middle Lost	IS. MOTHER'S	MAIDEN NAME First	Middle	Lost
1	160	WAS DECEASED EVER IN U.S. ARM	n Rhodes 16b. SOCIAL SECURITY N	10 117 1117 01244 1177	Ruth		Reedy
1	Υ	es, no, or unknown) (If yes give w	or or dates of service)		Son) 838-307		1911 Boad
ł			216-09-92		1 S. ICHORES	BEI HIT, MA	APPROXIMATE INTERVAL
		18. CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	y one couse per line for (o), (b), ond (c).)	11110			BETWEEN ONSET AND DEAT
		IMMEDIA	TE CAUSE (a)	CVIT.			
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1		PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE OR CONDIT	ION GIVEN IN PART 1(o)	
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	CERTIFICATION			YES [CAUSES OF DEATH?	LONSIDERED IN CERTIFICITY
1		210. ACCIDENT WAS UNDERLYIN	G 21b. TIME OF INJURY			e of injury in Port 1 or Port 2,	Item 181
	¥	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Doy Year	2.5	tener notes	mps, m rom r or rom z,	10.1
		(If either, notify medical examinated 21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	TORY.) 21f LOCATION SH	reet or R.F.D. No.	City or Town	County Stot
	34	While Not while ot work at work	OFFICE BUILDING, ETC.) I would st	01 11.1.110.	city of Town	2001119 3101
		220. I certify that (I) (thi	s hospital) ottended the decease	d from		ta	, that (I) (we)
134		saw the deceased of	ive on]'	9 ond that in (my) (our) opinion	deoth occurred on the do	ate and hour and from
1		causes stoted obove	, (I) (we) (and) (did not) view the b	oody ofter death.			
Should be lived with the store pept. Of Reolling prof. of centralion, of removal, and thing the store of the		22b. SIGNATURE	MAMARAZ	ATTEN	DING - MED	22c.	DATE SIGNED
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1		22d. PHYSICIAN'S NAME (Type)	1 2 1 00000 1		DDRESS		
				W.S,			
	230.	BURIAL, CREMATION, 23b. D	-	EMETERY OR CREMATORY		LOCATION (City or Town)	(County) (Stote)
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I	24.	FUNERAL DIRECTOR	ADDRESS .		2So. REC'D BY REG	STRAR 2Sb. REGISTRAR'S	SIGNATURE
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1 1	MARYLAND STATE DEPARTMENT OF HEALTH OFF OF DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
EOD STATE	05498	3
HEALTH DEDT	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Doy	Yeor 2b. HOUR
ir ag ag je	(Type or Print) Viola Jenkins Ridenhour DEATH MATED APril.	Jeor 26. HOUR
\$ 00 a	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c DATE PRONOUNCED DEAD	/G 2d. HOUR
delay and 3 Ms. Po	F W JAN. 20,1905 64 YRS. MONTHS DAYS HOURS MIN Month ~ 1 Day 29 Year	or 19 8 M
any 2, 2,	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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death. e Pages with far	give street address).	ND OF BUSINESS OR
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heurs after de frem 18. Give F Office alang wi and 2 with the ifter death.	130 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) STATE / 2 136. COUNTY 2 441 COOLEEME YES NO 136. STREET AND NUMBER 5 6101 2 5	
T - P - 0)	14. FATHER'S NAME First Middle Las 15. MOTHER'S MAIDEN NAME First Middle PLEASANT DALPHOS JENKINS MATTIE BLOW MAN	Lost
d 3e 5	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS COOL	LEEME
within pencil xamin ile pag 72 hau	(Yes, no, or unknown) (If yes give war or dates of service) RUSSELL W. PIDEN HOUR	11.0-2701
scuted ving" in edical Ex	IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
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d be d "pe Chief Chief transi	rise to immediate couse (o).	
INER: This certificate should be executed within e certificate, writing the ward "pending" in penci should be farwarded to the Chief Medical Examin files. 3 shauld be used as a burial-transit permit. File pagatian, ar remaval, and in any event within 72 ha	stoting the underlying couse DUE 10, OK AS A CONSCIUENCE OF lost. (c) Fr-d cture R Fr my r	
uis certificate te, writing the farwarded to be used as a b remaval, and	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
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his ce ate, v e farv be us	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2. Item 18.)	YES NO
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INER: TI should be files. 3 shauld In	CAUSE OF DEATH P.M. 7-2019 OF TELL ET FIEVAS HOUS	
	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, while Not while AT WORK AT WOR	Stole Mar.
		nd in my apinian
e executar. Pared far ectors: Far far burial,	death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner,	11
please I director retained I DIREC	ACTUAL POR OUL C POR CHIEF MEDICAL EXAMINER DE SOLATION DE CONTROLLE SAMINER DE CONTROLLE SAMINE	5
	SIGNATURE	7-69
necessary, please e the funeral director 5 may be retained TO FUNERAL DIRECT Health prior to bu	EXAMINER'S NAME (Type) Gerald C. Palmer, M.D. ADDRESS(Street, city, town, or county)	
the the Hee	230. BURIAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
	BURIAL MAR 1, 1969 FORK CHURCH CEM. DAVIE CO	16.0
VR A15ME (5)	24 EINERAL DIRECTOR 250. REGISTRAR 25b. REGISTRAR'S SIGNATU ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE 25c. REC'D BY REC'D BY REGISTRAR'S SIGNATURE 25c. REC'D BY REC'D	RE .
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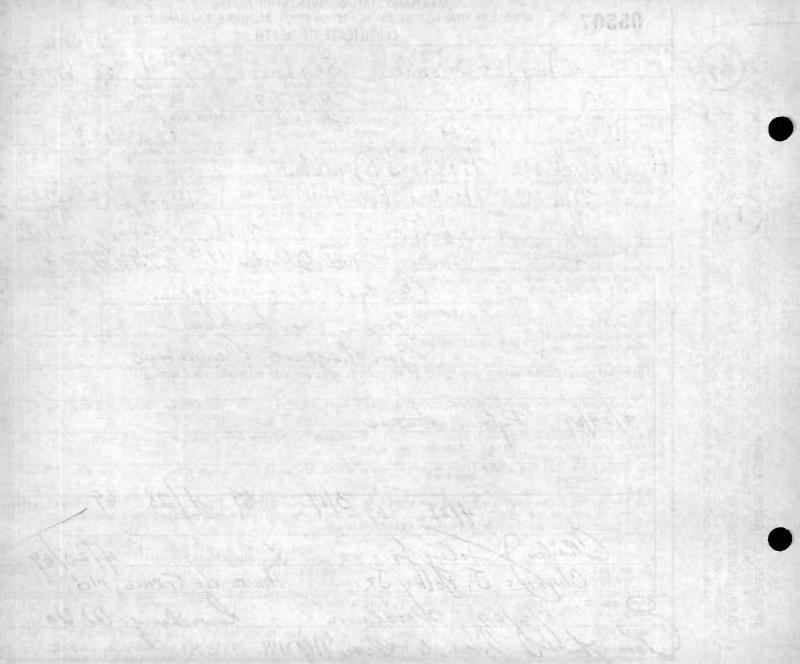


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05508 05499 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 2n. DATE OF DEATH within 24 haurs after death (Type or print) Month MILDRED VIRGINIA SAMPSON April 4. RACE 3. SFX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest-birthday) December 27, 1913 Female Caucasian signed by the attending physician and completely filled in by the burial-transit permit. Then please remove carbon papers. Pagburial, crematian, ar remaval, and in any event, within 72 haurs 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Maryland U.S.A. Harford WIDOWED [DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) Nursing Home during most of working life, even if retired.)
Housekeeper **INDUSTRY** Havre de Grace. Home 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Maryland NOT Harford Aberdeen YEST P.O. Box 395 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle First Middle Last Last Melvin m. Nellie requires that the death certificate be Sampson Virginia Cullum (I 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yespno or unknown) (II yes give war or dates of service) None Allie Sampson, Box 395, Aberdeen, Md. 21001 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per ling for (a), (b), and (c).) TWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS/A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF or attending physician. stoting the underlying cause: last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) far use as the b f Health priar tab O FUNERAL DIRECTOR: After this certificate has been O HOSPITAL OR ATTENDING PHYSICIAN: The law 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO K YES [21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) Page 4 may be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year detached for the Dept. of H (If either, notify medical examiner) P.M director, page 3 shauld be detache should be filed with the State Dept. (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased from. Y, ta _, and that in (my) (aur) apinian death accurred on the date and haur and fram the saw the deceased alive an_ causes stated above. (1) (We) (did) (did nat) view the bady after death. 22b. SIGNATURE 22ch DATE SIGNED ATTENDING STAFF DEGREE DIRECTOR PHYS PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Peter P. Rodman. 8 Law Street, Aberdeen, Maryland M.D. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL CREMATION 23b. DATE (County) REMOVAL (Specify) ll April 69 Grove Presbyterian Cem. Aberdeen, (Harford Co. 25a. REC'D BY REGISTRAR APR 1 6 1969 25b. PEGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) Tarring Funeral Home, Aberdeen, 30M REV. 1/68

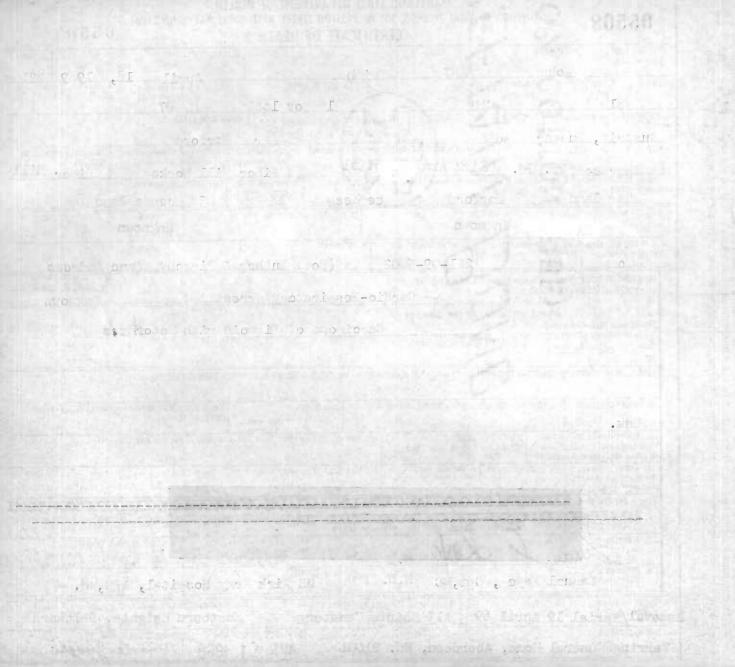


1	1			05507	DIVISION OF VITAL RECO	RDS. 301 W. P	PRESTON STREET, BALT	NEALIN IMORF MARY	TAND 21201		
/	.05			00001			CATE OF DEATH	mone, man	21201	05500	
	death.			CEASED-NAME First (Ype or print)	anles Nich	acd	Sexton	2a. DATE OF D	EATH Day	Year 69	2b. HOUR
	24 haurs after death ed in by the unetal ppers. Pages 1 and 2 172 haurs after death		3. SI	×	4. RACE		S. DATE OF BIRTH 9/25/19:	30	AGE (In years last birthday) YRS.		T UNDER 24 HRS. HOURS MIN
•	wited within 24 haurs af papletely filled in by the ve carban papers. Page event, within 72 haurs af		70. I	BIRTHPLACE (State or foreign aftry) W. 7/a.	7b. CITIZEN OF WHAT COUNTRY?	WIDOWED		9. COUNTY OF D	Hark	ord	Md
	within 24 ely filled ban pape within 72	do	10,0	are de Gr	11. NAME OF HOSPITAL give treet address	or Institution (If n		AL OCCUPATION (K ast of working lif	and of work done e, even if retire	12b. KIND OF BUINDUSTRY	ISINESS OR
	ond campletely filled in senave carban papers. in any event, within 72 h	12	13o. admi	USUAL RESIDENCE (Where deceossion) STATE	sed lived, if institution: Residence to 13b. COUNTY + ar for	perfore 13 CITY OR	1 1 1 1 1	IMITS? 13e. STREI	T AND NUMBER	oules	Terr
	and and din any	/	14. [ATHER'S NAME First	Middle Le	ilost 15	S. MOTHER'S MAIDEN NAME F	First	(atheru	~ Al	lost
	ohysician on please oval, and in			WAS DECEASED EVER IN U.S. ARA es, no, or unknown) (II yes give w	MED FORCES? var or dates of service) 16b. 50CIAL SEC	URITY NO. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17	Welling Rejeto	n 1412	Baddress Frank	Course XI MG	/
	requires that the death certificated physician. I signed by the attending physicial burial-transit permit. Then pleas burial, crematian, or remaval, and			PART I. DEATH WAS CAUSEI	oly one cause per line for (a), (b), of D BY: ATE CAUSE (a) DUE TO, OR AS A CONSEQUEN	erebra	& Hemo	rshage	2	APPROXIMAT BETWEEN ONSE	E INTERVAL T AND DEATH
	quires that the physician. signed by the burial-transit purial, crematic			Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause		grain	meta	otases	•		
1	he law attending has beer e as the	-		PART 2. OTHER SIGNIFICANT COM	(c)	BUT NOT RELATED TO	D THE TERMINAL DISEASE ORC		N PART 1(0)		
0		X	CERTIFICATION	3/24/69		mosis	20o. AUTOPSY? YES NO	CAUSES O			IFYING
	pital ar rtificate ed for us af Healt		AL	21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical examin	HOUR A.M. Month Doy P.M.	Year 19	OW INJURY OCCURRED (Enter		n Port 1 ar Part 2, II	tem 18.)	
	DING PHYSICIAL I by the haspital After this certifica be detached for State Dept. of He		W	While Not while at work			OCATION Street or R.F.D. No.	. City ar	Town	County	State
	TO HOSPITAL OR ATTENDING PHYSICIAN: I Page 4 may be retained by the haspital arto FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us shauld be filed with the State Dept. af Healt			saw the deceased a	is hospitol) attended the de live an	19.69. and		non death occ	urred on the dot	e and hour on	i) (we) lost ad from the
	O HOSPITAL OR ATTENDE Page 4 may be retained D FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the 's			22b. SIGNATURE learle	toley	f. DEGR	EEE PHYS. D	MED. SIRECTOR S	TAFF 22c. D	ATE SIGNED	69
	Page 4 may 1.0 FUNERAL D director, pag shauld be file	1	00	22d. PHYSICIAN'S NAME (Type) Chap	Eles J. Hole	JR.	22e. ADDRESS HAV		GRACE,	Md.	/
	TO HO Page TO FU direct			BURIAL CREMATION, 23b. I	13/69 W	OF CEMETERY OR ORESS		Kew	(City or Town)	W. V.	(State)
	VR A15 (4 45M - 1/6	3 (24.	anny on 4	In Home de	Dia	& MA DAMEAY	2 1969	2Sb. REGISTRAR'S S	SIGNATURE	• ;

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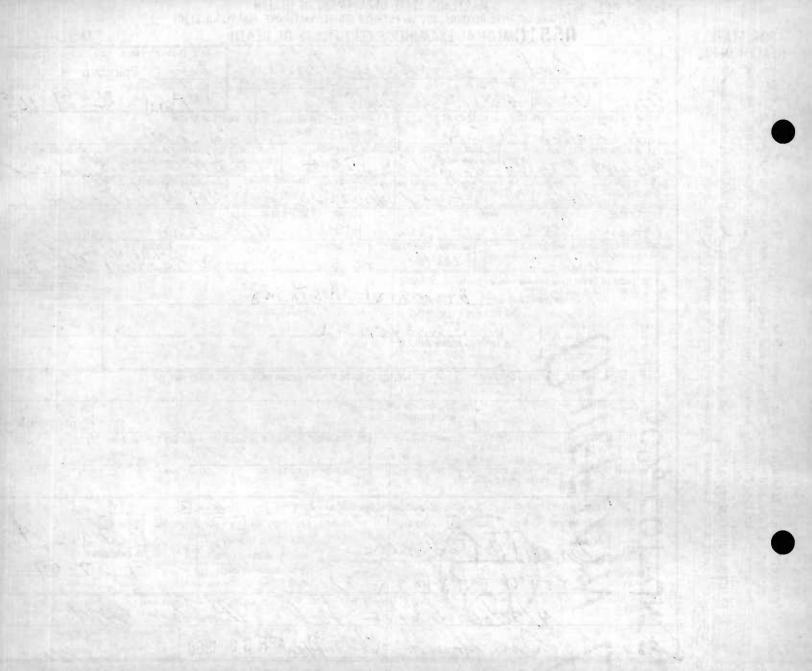
MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05508 05501 CERTIFICATE OF DEATH DECFASED-NAME First Middle and 2 death. 24 hours after death 2a. DATE OF DEATH 2b. HOUR funeral 1 and (Type or print) Manth John Smi+h b. AGE (In years bon papers. Pages I within 72 mous offer 3 SEX 4. RACE S. DATE OF BIRTH IF HNDER 1 YEAR IF UNDER 24 HRS last birthaay) HOURS Male CAU 16 Nov 1887 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED [ond completely filled remove corbon page Austria, Hungary
10. CITY OR TOWN OF DEATH Harford ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during mast af warking life, even if retired.)
Fiber Mill Worker give street address)
Kirk Army Hospital **INDUSTRY** Aberdeen Pr. Gd. Fiber Mill event 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c. CITY OR TOWN 13d INSIDE CITY HMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY Harford NO 🗔 638 Brenda Lane Aberdeen and in any 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Middle Last Unknown Unknown signed by the ottending physician of buriol-tronsit permit. Then please burial, cremation, or removal, and H 16a. V. 45 DECEASED EVEK IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, na. ar unknawn) (If yes give war or dates of service) 221-09-5002 Mai(Ret) Luther C Hirschy Same Address 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: Cardio-Respiratory Arrest IMMEDIATE CAUSE (a) Unknown DUE TO. OR AS A CONSEQUENCE OF Canditians, if any, which gave Carcinoma of Sigmoid with Meterases rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause! PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be detached for use as the Stote Dept. of Health priar to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Unk. YES 🗀 NO XX certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH
(If either, natify medical examiner) HOUR A.M. Manth Day Year TO FUNERAL DIRECTOR: After this certification and a should be detached. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town Caunty State While Nat while at wark be retained directar, page 3 should should be filed with the 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF PHYS. DEGREE PHYS. DIRECTOR TO HOSPITAL 22e. ADDRESS M.D. NAME (Type) Samuel Kaye , Cpt, NC US Kirk Army Hospital, APG, Md. 23a. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City ar Tawn) (Caunty) emotivativial 19 April 69 All Saints Cemetery Eastburn Heights, Delaware 24. FUNERAL DIRECTOR ADDRESS 2Sq. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 45M - 1/69 Tarring Funeral Home, Aberdeen, Md. 21001 MPR 2 1 1969 Mcharles Judge



	Item6 FilmGhil MAKYLAND STATE DEPARTMENT OF HEALTH	
-	4/24/69 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	05502
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	13302
HEALTH DEPT.		ογ Yeor 2b. HOUR
of ge to	(Type or Print) SARA ESSIE TYNESTY TURPIN DEATH MATED APRIL	19 1969 9:00 M
25 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
2, and 3	FEM W MAY 17,1902 67/48. MONTHS DAYS HOURS MIN. MATTERIL Day 19	Year 1969 11:00 M
A 2 2	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
te D	COUNTRY) VIREINIA U.S.A. WIDOWED DIVORCED HARFORD	M
ooth State		2b. KIND OF BUSINESS OR
hours ofter death them 18. Give Pag Office along with 1 and 2 with the Sta after death.	give street oddress) () during most of working life, even if retired.) IN	IDUSTRY
er ong ng h th	JARRETTS VICLE ROCKS (HROME HILL KO HOUSE WIFE 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
	the state of the s	
hours Item 18 Office I ond 2	Odmission) STATE W. VA. JOB MCDOWELL KIMBALL YES NO BOX 548 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	1 .
hours Item Office 1 and 2	Λ	Last
1 1 1 1 2 4 K	ALFRED CXUESENBERRY	HILLIPS
within 24 pencil in caminer's le agges 72 hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT (PAUG HTE RAIDRESS	
within pencil xamine xamine ile paga 72 hou	(Tes, no, or unknown) (If yes give war or dates of service) 236-07-1772-B PEARL STANLEY BOX 124 JAN	
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
executed anding" in Medicol E t permit.	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE	24 Lours
Me Me	4409 DUE TO, OR AS A CONSEQUENCE OF	
ld be exited "pend Chief Me Chief Metronsit potential properties of the contraction of th	Conditions, if only, which gove (b) SENILE DEBILITATION WITH FAR ADVANCED	OHER ZYK
ould vord ne Ch ol-tro	rise to immediate couse (o). stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF ARTERIO SCLEROSIS	
0 5	lost.	
is certificate she, writing the forworded to the used os a but removel, and in	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
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is certif te, writi forwor e used removol	WAS PERFORMED?	YES NO NO
TO 0 0	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item	
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INER: e certif should files. 3 shoul	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County Stote
	WHILE AT WORK AT WORK AT WORK	- Stole
E		
ICAL exector. Porced for CTOR:	220. I certify that I taak charge af the remains described above, held an Autopsy, Inspection 🔀, Inquiry 🗟	and in my opinian
oleose el director etained DIRECTOR or to buy	death resulted from: Natural causes 🔼 Accident 🔲, Suicide 🔲, Homicide 🔲, Undetermined manner 🗌	
pleose e l director retained DIRECT for to bu	CHIEF MEDICAL EXAMINER	
PTY, ple eral di be reti be reti prior	SIGNATURE Thelipse Herman M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIG	
Pul Sony Jane	EXAMINER'S DEPUTY MEDICAL EXAMINER ACREE	
TO DEPUTY necessory, the funera 5 may be TO FUNERAI Heolth pri	NAME (Type) PHILIP W. HEUMAN, M. D ADDRESS(Street, city, town, or county 30 THICKOR	Y, BELAIR A
10 th		County) (Stote)
	Removal Apr. 20.1969 Bennett Funeral H	W.Va.
The second	24. FUNERAL DIRECTOR ADDRESS ADDRESS 1101 250. REGISTRAR 250. REGISTRAR'S SIG	SNATURE
VR A15ME (5) 10M REV. 1/68	Howard K. McComas & Son, Abingdon, Md. DATE: 2 2 1969 yoursel	as yourse.
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1	tem2 FilmGl12 MARYLAND STATE DEPARTMENT OF HEALTH 5/6/60 To DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201		
TE	5/6/69 like DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0551 (MEDICAL EXAMINER'S CERTIFICATE OF DEATH	05503	3
EPT. 1.	DECEASED-NAME (Type or Print) 2a. DATE KNOWN Month OF ESTI-		b. HOUR
	June Woodwo-u- June Death Mated Unki	nown 19	M
3.	SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD Months DAYS HOURS MIN. MONTHS DAYS HOURS MIN. Month Day	X Year 69 20	d. HOUR
	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED THEVER MARRIED 9. COUNTY OF DEATH)		1.3
10	CITY OR TOWN OF DEATH 11. NAME, OF HOSPITAL OR INSTITUTION (If not in hasgital 12a. USUAL OCCUPATION (Kind of work dane	12b., KIND OF BUSINES	Md SC OR
995	Harried Than Md give street address) Mym To A during most of yerking life even if relired.)	Indistry den	
death 13	1. USUAL RESIDENCE (Where deceased lived, if institution: Residency before 13c, CITY OR TOWN 13d. INSIDE CITY UMITS? 13e. STREET AND NUMBER 13b. COUNTY Factor Square Viscon VES NO 40 Welf	Rine	
a / 14	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Last	
2/	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS /	(du)	
4	Yes, na, or unknown) ((if yes give year or dates of service) ink Sadie B Vanover 1 Lange as	11 Then	MILL
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTE BETWEEN ONSET AND	ERVAL D DEATH
Maria Maria	1492 X DUE TO, OR AS A CONSEQUENCE OF		
event	Canditions, if any, which gave rise to immediate cause (a), (b) Eagly SOM 2		
ony	stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF		
Removal, ond in	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)		
z	THE ENTER STATE OF THE PERSON		
CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?	_
FRTE	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, It		NO.
MFDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19		
MFI	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, WHILE AT WORK AT	Caunty	State
- 6	22a. I certify that I taak charge of the remains described above, held an Autapsy , Inspection Inquiry	and in my o	aniniar
	death resulted fram: Natural causes 2, Accident , Suicide , Hamicide , Undetermined manner		apilifat
	ACTUAL MANUEL CHIEF MEDICAL EXAMINER CHIEF CHIE	dAin!	14
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 220. DATE	SIGNED	7
×	NAME (Type) Geril (U () In r) - 112 ADDRESS (Street, city, town, or county)		
$\int_{\overline{2}}$	D. (BURIAL CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CHARTERY OR CREMATORY 23d to (ATION (City or Town))	(Caunty) (State	e)
1 7	FUNDRAL DIRECTOR 250. REC'D BY REGISTRAR 256. REGISTRARS 256	M	
1	frankto of On Hourede Seau MonAPR 30 1969 Tolland	By Judge	19



				ID STATE DEPARTM			
	13	05511	DIVISION OF VITAL RECORDS,	CERTIFICATE OF		E, MARYLAND 21201	05504
	I. D	ECEASED-NAME First	Middle	Last		DATE OF DEATH	2b. HOU
	((ype ar print) Thom	A-m2	11-0	MSG 2a.	4 Month 30	Yeor Sala
	3. S	X	4. RACE	S. DATE OF B		6. AGE (In years	IF UNOFR 1 YEAR IF UNDFR 24 HR
ı		m.	CAU	2 m		6. AGE (In years last birthday) 5 3 YRS.	MONTHS DAYS HOURS MI
	7a.		7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MAR		INTY OF DEATH	0
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)	V	berdeen Prov. 6	11. NAME OF HOSPITAL OR IN give street address) U.S. K. R. K.			JPATION (Kind of work dane working life, even if retired.)	12b, KIND OF BUSINESS OR INDUSTRY
2	13a. adm	USUAL RESIDENCE (Where deceased issian) STATE	d lived, if institution: Residence before 13b. COUNTY	13c. CITY OR TOWN ABCYCLEN	13d. INSIDE CITY LIMITS? YES NO	13e. STREET AND NUMBER	ST
ı	14.	ATHER'S NAME First	Middle Lost		AIDEN NAME First	Middle	Last
		Thomas	F. VEAS	EY	LAU	RA M.	Rioux
	160.	WAS DECEASED EVER IN U.S. ARMEI es, no, ar unknawn) (If yes give war 31 MA	or dates of service)	NO. 17. INFORMANT MARY	V. Vease	Address	berdeen mo
		18. CAUSE OF DEATH (Enter only	one cause per line far (p), (b), and (c)	.)			APPROXIMATE INTERVAL BETWEEN ONSET AND OFATH
		PART I. DEATH WAS CAUSED I	E CAUSE (a) Respi	ratory 1	railure		
		1621	DUE TO, OR AS A CONSEQUENCE OF		0		
		Canditians, if any, which gave rise to immediate couse (o),	(b) Bronch	ogenic	Chrcin	NOMA	
		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	William Tolling			
		Timber 1	ITIONS CONTRIBUTING TO DEATH BUT N	INT PELATED TO THE TERMINA	I DISEASE OP CONDITIE	ON COVEN IN PART 1/a)	
		That is office grown town compa	HIONS CONTRIBUTION TO BEATTI DOT II	OF RECALED TO THE TERMINA	E DISEASE ON CONDITIO	SH SIVER IN FAKT I(D)	
	CERTIFICATION	19a. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTO	PSY?	20b. IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
4	TIFIC			YES 🗀	NOXX	CAUSES OF DEATH?	
		21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCC	URRED (Enter nature	af injury in Port 1 ar Part 2, It	em 18.)
	MEDICAL	OR CONTRIBUTING CAUSE OF OFATH (If either, natify medicol examine)		9			
	ME	21 d. INJURY OCCURRED 21e. Pl While Nat while of work at wark	LACE OF INJURY (AT HOMF, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY,) 21f. LOCATION Stree	t ar R.F.D. No.	City ar Tawn	Caunty State
Ē		22a. I certify that (1) (this	haspital) attended the decease	ed fram 19 Ma	r, 19 69.	ta 30 APr, 19_	69, that (1) (we) lo
	1	saw the deceased aliv	ve an 30 A/Y (We) (did) (did not) view the	19_ 09 , and that in (m	y) (aur) apinian c	leath accurred an the date	e and haur and fram t
ı		22b. SIGNATURE	(m) (we) (ulu) (ulu-llor) view lile	,		22c D	ATE SIGNED
		Clu. Hil	Valle Coth	A C DEGREE PHYS.	IG MED. DIRECTOR	STAFF N 30	169 PY 69
		22d. PHYSICIAN'S NAME (Type) C. M.	DelJAIle	22e. ADD		1- APG-	md.
	230.	BURIAL, CREMATION, 23b. DA REMOYAL SPSITY) 1 Ma		CEMETERY OR CREMATORY e's Cemetery	23d Cr	LOCATION (City or Town) anston, Rho	(County) (State) ode Island
	24.	FUNERAL DIRECTOR	/ Tarring APPRES		2Sa. REC'D BY REGIS		IGNATURE
	6	telate Wecoul	w M. Aberdeen,		DAMAY 5	1969 Jilland	Just .

